



2024-25 Proof of Financial Support Worksheet

Name: _____ Student ID: _____

You included individuals on your financial aid application who must meet the following requirements to be included as members of your family size and/or your parent's family size. They must currently be living with you, and you or your parents must provide more than half of their support and will continue to do so through June 30, 2025.

Instructions

You *must* complete the worksheet below, providing accurate dollar amounts and supporting documentation for the person you are supporting otherwise this worksheet *will not be approved*.

- Provide documentation for all amounts listed on this form.
- You must provide a clear statement describing your situation and the reason why this person cannot support himself/herself.
- If the person listed is a minor, you must provide proof of legal guardianship. If the child is in school, please provide documentation from the school stating you have legal guardianship. A state or district court judge must have appointed you as a legal guardian for this person. *Notarized letters are not considered legal documents.*
- If the person is disabled, please provide medical records as proof of disability.

Provide the following information for the person being supported:

Name: _____ Age: _____

Relationship to student/parent: _____ Does this person live with you? Yes No

How long has this person lived with you? _____

Who owns the home? _____ Who pays the rent? _____

Amt. paid \$

Who pays the utility bills for this residence? _____ Amt. paid
monthly \$

Does this person work? Yes ___ No ___ ➤ If yes, provide supporting documentation (i.e paystub)

Does this person pay any of his/her own expenses? Yes ___ No ___

If yes, please provide receipts and list expenses below: _____

Continues on the back ...



Does this person receive any other income in his/her name or on his/her behalf (cash, Social Security, Retirement, VA Benefits, Alimony, Child Support, Workers Compensation, TANF, Foods Stamps, savings or other)? Yes _____ No _____

If yes, list them below:

TYPE OF INCOME	AMOUNT PER MONTH

Please provide monthly expenses for the person being supported - must provide documentations.

EXPENSES	AMOUNT PAID
Food	
Clothing	
Medical	
Transportation	
Education expenses	
Personal	
Other	

Written Statement

Please provide a written statement detailing the situation and include with the written statement all requested documentation *and* this completed form.

Signatures Required (Original signatures are required.)

Person being supported: _____ Date: _____

Person providing support (*if not the student*): _____ Date: _____

Student Signature: _____ Date: _____