



## 2017-2018 Support Worksheet

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

On the FAFSA, you indicated that you have legal dependents other than your children and/or spouse that receive more than 50% of their support from you.

Complete the worksheet below for the *individual being supported* providing accurate monthly dollar figures. Provide the amount paid by the supporter listed at the bottom of the page for individual being supported. (Complete one form per person in question.). *(Include only the expense added to your household due to this person living with you and provide receipts and or billing statements.)*

**NAME OF SUPPORTED PERSON:** \_\_\_\_\_ **AGE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**Address where this person resides:** \_\_\_\_\_ **Since when?** \_\_\_\_\_

**Who pays the utilities for this residence?** \_\_\_\_\_ **Amount paid \$** \_\_\_\_\_

**Who pays the rent for this residence?** \_\_\_\_\_ **Amount paid \$** \_\_\_\_\_

**From what sources will you finance this support?** \_\_\_\_\_

**When did support begin? (Month & Year)** \_\_\_\_\_ **When will support end? (Month & Year)** \_\_\_\_\_

**Statement:** Please provide a detailed statement describing the reason this person resides within your household. Are there specific circumstances why this individual cannot support himself/herself? If illness is a major reason why this person needs your assistance, provide copies of medical or auxiliary help expenses **you pay** for them. If the claimed person is a minor, do you/your parents have **court-appointed legal guardianship**? If so, provide a copy to our office along with this form. If additional space is needed, please attach statements. Attach appropriate proof to your statement.

ESTIMATED MONTHLY EXPENSES FOR THE PERSON AND PAID BY SUPPORTER (For This Person Only)		ESTIMATED MONTHLY INCOME	
[BASIC DAILY NECESSITIES ON A MONTHLY BASIS]		What source of money did this person receive in their name?	AMOUNT
FOOD (For This Person Only)	\$	WAGES FROM WORK	\$
CLOTHING (For This Person Only)	\$	SOCIAL SECURITY	\$
MEDICAL AND DENTAL CARE (For This Person Only)	\$	SUPPLEMENTAL BENEFITS	\$
TRANSPORTATION (gasoline, maintenance) (For This Person Only)	\$	RETIREMENT PENSIONS	\$
EDUCATION (tuition, books) (For This Person Only)	\$	VA BENEFITS	\$
PERSONAL CARE ITEMS (shampoo, soap, tooth paste, etc)	\$	ALIMONY	\$
AUTOMOBILE INSURANCE (For This Person Only)	\$	CHILD SUPPORT	\$
List expenses paid by person you support.	\$	WORKERS COMP	\$
	\$	TANF	\$
	\$	FOOD STAMPS	\$
	\$	SAVINGS / CERTIFICATE OF DEPOSITS	\$
		OTHER	

I certify that the information provided is complete and accurate.

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Date

Note: If conflicting information is presented or we have reason to believe any information provided is not accurate, we may require additional documentation.

You may return this form in person at the Enrollment Support Center, upload to <https://api.nwacc.edu/lss/finaid/filedropbox/> or by mail to: NWACC Financial Aid Office, One College Dr., Bentonville AR 72712