

## Support Test Form

If the student or parents indicate that he/she have additional dependents, the institution requires for them to answer the questions below to determine if the support test is met. Additionally, they must bring proof of primary residence (driver's license etc.) to verify that the person is living with the student.

\_\_\_\_\_  
Student Name (Print Last Name, First Name)

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Parents Name (Print Last Name, First Name)

\_\_\_\_\_  
Person Supported Name (Last Name, First Name)

<b>Expenses for the Person You Supported Monthly</b>	
1. Housing	\$
2. Food	\$
3. Car/Transportation	\$
4. Telephone	\$
5. Utilities ( gas, elec., water)	\$
6. Insurance	\$
7. Clothing	\$
8. Gasoline	\$
9. Personal	\$
10. Other	\$
<b>11. Total per Month</b>	<b>\$</b>
12. Amount the person provided for own support.	\$
13. Amount you provided for the person's support.	\$
14. 50% of line 11	\$
15. Is line 13 more than line 14? <b>YES.</b> You meet the support Test for the person. <b>NO.</b> You do not meet the support test for the person.	

**I certify that all the information contained on this form is correct and that there is no forgery of signatures(s). I understand that I must sign and return this form to the financial aid office and I have a period of fifteen days from the day I received the form, otherwise my financial aid will not be process.**

\_\_\_\_\_  
Student/ Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Supported Signature

\_\_\_\_\_  
Date