

## Worksheet for Determining Support 2017-2018

On the Free Application for Federal Student Aid (FAFSA), you indicated that you are an independent student because you have a dependent(s) for whom you provide over half of their support. In order to demonstrate that you will be providing more than half the support for this individual(s) from July 1, 2017 through June 30, 2018, you must complete this worksheet.

Name: \_\_\_\_\_ Student or STAR ID \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please indicate the Monthly Amount of Resources that you are currently receiving below.**

	<b>Monthly Amount</b>
1) Income from work	\$ _____
2) Welfare Benefits (cash benefits from TANF, MFIP)*	\$ _____
3) Social Security Benefits*	\$ _____
4) Housing Assistance, food stamps, and/or WIC*	\$ _____
5) Child Care Assistance from County*	\$ _____
6) Monetary Support from other individuals	\$ _____
7) Other Funding (Veteran benefits, financial aid, etc.)	\$ _____

\*These sources of income will not be included as income on your FAFSA application. It is being collected for informational purposes only.

**Answer this section for the total monthly household expenses and the amount of those monthly expenses you are paying.**

	<b>Monthly Household Expense</b>	<b>Monthly Amount You Pay</b>
1) Monthly rent/mortgage payment	\$ _____	\$ _____
2) Food	\$ _____	\$ _____
3) Utilities (heat, electric, water, gas)	\$ _____	\$ _____
4) Health Insurance	\$ _____	\$ _____
5) Clothing	\$ _____	\$ _____
6) Child Care Expenses	\$ _____	\$ _____
7) Medical Expenses	\$ _____	\$ _____

**Is the dependent living in your household? Yes \_\_\_ No \_\_\_**

If "No" to the question listed above please state your relationship with the dependent.

**Relationship** \_\_\_\_\_

Indicate below the amount of monthly support the dependent is receiving from the individual with whom they live.

**Amount of Monthly Support \$** \_\_\_\_\_

**I CERTIFY THE ABOVE RESPONSES ARE CORRECT.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return by mail, fax or email:**

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