



Lander University Office of Financial Aid

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10SUPS

2009-2010 Proof of Support for Student's Household Members

This form is used to gather information from students who claim dependents on the Free Application for Federal Student Aid (FAFSA) and do not meet any other requirement to be considered an independent student on the FAFSA. He/she can only be included in the household if you **will provide more than 50% of the support from July 1, 2009 through June 30, 2010**. Please complete the information below so that we may determine whether he/she can be included on your FAFSA.

Please: 1) Answer ALL questions carefully. 2) Attach supporting documentation. 3) DO NOT LEAVE ANY QUESTIONS BLANK. 4) Please print your answers.

Student's Name: _____ Lander ID #: _____
Please Print: Last First MI

Address: _____ Phone: _____
Street City State ZIP

Part 1: Dependents in Household Verification

1. Please list the names and ages of YOUR dependents and their relationship to you. You **must** attach legal documentation of relationship (e.g. birth certificate, legal guardianship, etc.)
 - A. Dependents are those people whom you will support between July 1, 2009 and June 30, 2010. Include your children if they receive **MORE THAN HALF** of their support from you.
 - B. Include other people **only if they meet all of the following criteria:**
 - they now live with you, **and**
 - they now get more than half of their support from you, **and**
 - they will continue to get this support from you between July 1, 2009 and June 30, 2010.

Support includes: money, **housing**, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Dependent Name	Age	Relationship	S/P/O (see note below)*

*Where do the above **dependent(s)** live? S = with student P = with student's parents O = other/explain below

If you answered "O" [other] above, please explain: _____

2. Between July 1, 2009 and June 30, 2010, you (the student) will live:
 With your parents On-Campus Off-Campus, not with parents

If both you and the dependent live with your parent(s), you must attach documentation showing that you provide half of the dependent's support. If you cannot document that you provide more than half of the dependent's support, the dependent will be disallowed. Support includes: money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Part 2: Proof of Support

- Please provide the actual dollar amount of any income you (Lander Student) received, including cash support or bills paid on your behalf (and spouse/dependents, if applicable) by another person or agency in 2008. This includes (but is not limited to) money, gifts, housing, food, clothing, car payments or expenses, medical and dental care, and payment of college costs. Do not include financial aid. Be sure to list the source of income.

Expense	Amount Paid on Student's Behalf for 2008 (1/1/08-12/31/08) for each expense item	Source (Parent, friend, gov't agency, etc.)	FAO use only: Count as Untaxed? Y or N
Housing			
Food			
Clothing			
Car payments or expenses			
Medical or dental expenses			
Payment of college costs			
Other expenses paid on your behalf for 2008			

- Please provide the information requested below to determine if you (Lander student) provide more than 50% support for the person(s) listed on page 1 of this form.

Funds Belonging to the Person You "Supported"	\$ _____
[1] Total funds belonging to the person you supported	
[2] Income/earnings from work	\$ _____
[3] Money received in the person's name from state, local, and other welfare societies or agencies or any other resource such as educational loans. List all sources and amounts here:	\$ _____
[4] Amount in savings and other accounts	\$ _____
(The total of lines 2, 3, and 4 should equal line 1.)	
Expenses for the Entire Household (where the person you supported will live)	
[5] Lodging for entire year (Complete item a or b)	
(a) Rent paid	\$ _____
(b) If not rented, show fair rental value of home. If the person you supported owned the home, include this amount in line 19.	\$ _____
[6] Food	\$ _____
[7] Utilities (heat, light, water, etc. not included in line 5a or 5b)	\$ _____
[8] Repairs (not included in line 5a or 5b)	\$ _____
[9] Other. Do not include expenses of maintaining home, such as mortgage interest, real estate taxes, and insurance.	\$ _____
[10] Total household expenses (Add lines 5 through 9)	\$ _____
[11] Total number of persons who live in household	\$ _____
Expenses for the Person You Supported	\$ _____
[12] Each person's part of household expenses (line 10 divided by line 11)	
[13] Clothing	\$ _____
[14] Education	\$ _____
[15] Medical, dental	\$ _____
[16] Travel, recreation	\$ _____
[17] Other (specify):	\$ _____
[18] Total cost of support for the year (Add lines 12 through 17)	\$ _____

