



## Determination of Half Support 2017-2018

Office of Financial Aid  
2500 N Robison Rd. Texarkana, Texas 75599  
Phone: 903-823-3267 | financial.aid@texarkanacollege.edu



Student's Printed Name: \_\_\_\_\_ TC ID: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

It is possible to include in your household for financial aid purposes individuals who live with you and for whom you provide more than half of their support and will continue to do so from July 1, 2017 through June 30, 2018. These may include friends or family members such as an uncle, aunt, cousin, grandparent, etc. Please complete the information below, providing documentation as requested. Your information will be reviewed to determine if the individual listed qualifies.

**Dependent Student:** This form is to be completed by your parent.

**Independent Student:** This form is to be completed by you.

### A.) Monthly Expenses for Entire Household

- Total number of people living in your household (Even those not reported on the FAFSA or Verification worksheet). \_\_\_\_\_
- Do you live in a home/apartment that you own or rent? Yes OR No  
If no, list the person you live with \_\_\_\_\_ Their Relationship to you \_\_\_\_\_
- What is the monthly rent or mortgage payment (whether you rent or own)? \_\_\_\_\_
- Do you receive SNAP Benefits? Yes OR No  
If yes, how much does the entire household spend on food after SNAP? \_\_\_\_\_  
If no, how much money does the entire household spend on food per month? \_\_\_\_\_
- What Is the total monthly utilities such as electricity, water, gas, trash, phone, etc.? \_\_\_\_\_

### B.) Resources for Monthly Expenses

- Are you currently employed? Yes OR No Amount: \$ \_\_\_\_\_
- Do you receive SSI? Yes OR No Amount: \$ \_\_\_\_\_
- Do you receive child support? Yes OR No Amount: \$ \_\_\_\_\_

### C.) Monthly Expenses that You Pay

Instructions: List the monthly expenses for each extra dependent you support. DO NOT include yourself.

Expenses	Name	Name	Name
Clothing, Diapers, Etc.			
Car/Transportation			
Gasoline			
Cell Phone			
Medical/Dental Bills			
Daycare			
Beauty/Hygiene			
TOTAL	\$	\$	\$

#### D.) Monthly Resources received by Individual You Support

Instructions: List the monthly earnings that the person you support receives from work, from others, savings, government benefits such as unemployment, social security, etc.

Income Source	2015 Amount	2016 Amount

#### Certification and Signature

By signing this form, you certify and understand the following:

- The information reported on this form is complete and correct to the best of your knowledge.
- If asked by the Financial Aid Office, you will provide supporting documentation if needed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, [human.resources@texarkanacollege.edu](mailto:human.resources@texarkanacollege.edu)