

## Determination of Half Support 2018-2019 Office of Financial Aid



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

Stude	ent's Printed Name: TC ID:
Prima	iry Phone Number:
half o such	possible to include in your household for financial aid purposes individuals who live with you and for whom you provide more than of their support and will continue to do so from July 1, 2018 through June 30, 2019. These may include friends or family members as an uncle, aunt, cousin, grandparent, niece, nephew, etc. Please complete the information below, providing documentation as ested. Your information will be reviewed to determine if the individual listed qualifies.
Dama	Dependent Student: This form is to be completed by your parent. Independent Student: This form is to be completed by you.
	Age: Relation to You:
	erson is 17 or younger, complete questions A and B below <b>only</b> . If they are 18 or older, complete C through H <b>only</b> .
, А. В. С. Е. F. G. Н.	FOR MINORS   Does another adult provide for them? Yes No   If another adult does provide for them, do you certify that you personally provide more than half their support? Yes   Yes No N/A → CONTINUE TO DEPENDENT #2 -OR- CERTIFICATION AND SIGNATURE   FOR ADULTS Do you provide this person rent-free housing in your home? Yes No   Do you pay this person's utilities? Yes No   Do you pay this person's food? Yes No   Do you pay this person's of ther" expenses? Yes No   Do you pay this person's food? Yes No   Do you pay this person's duding govt. benefits)? Yes No   Do they have their own income (including govt. benefits)? Yes No   De P #1 - ANNUAL INCOME AMOUNT: \$
Dana	
-	ndent #2
Name:	Age: Relation to You:
If this p I. J.	erson is 17 or younger, complete questions I and J below <u>only</u> . If they are 18 or older, complete K through P <u>only</u> . <u>FOR MINORS</u> Does another adult provide for them?  Yes  No If another adult <i>does</i> provide for them, do you certify that you personally provide more than half their support? Yes No N/A → CONTINUE TO DEPENDENT #3 -OR- CERTIFICATION AND SIGNATURE

	FOR ADULTS		
К.	Do you provide this person rent-free housing in your home?	Yes	No
L.	Do you pay this person's utilities?	Yes	No
М.	Do you buy this person's food?	Yes	No
N.	Do you pay this person's phone and car/transportation?	Yes	No
Ο.	Do you pay this person's "other" expenses?	Yes	No
	(medical/dental bills, daycare, personal care items,	etc.)	
Ρ.	Do they have their own income (including govt. benefits)?		
	DEP #2 - ANNUAL INCOME AMOUNT: \$		from 🔲 Work 🔛 Benefits 🛄 Both
	$\rightarrow$ continue to depend	DENT #3	-OR- CERTIFICATION AND SIGNATURE
Depe	ndent #3		
			Relation to You:
Name: _	Age:		
_	Age: erson is 17 or younger, complete questions Q and R below <u>only</u>		
_			
If this p	erson is 17 or younger, complete questions Q and R below <b>only</b>		
If this p	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u>	<u>ı</u> . If they	are 18 or older, complete S through X <u>only</u> .
If this po Q.	erson is 17 or younger, complete questions Q and R below only <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you	<u>ı</u> . If they ou persor	are 18 or older, complete S through X <mark>only</mark> .
If this po Q.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND	<u>ı</u> . If they ou persor	are 18 or older, complete S through X <u>only</u> . nally provide more than half their support?
lf this po Q. R.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u>	<u>ı</u> . If they ou persor <b>DENT #4</b>	are 18 or older, complete S through X <u>only</u> . nally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE
If this po Q.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A → CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home?	<u>v</u> . If they ou persor <b>DENT #4</b>	are 18 or older, complete S through X <u>only</u> . nally provide more than half their support?
If this po Q. R. S.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home? Do you pay this person's utilities?	<u>v</u> . If they ou persor <b>DENT #4</b> Yes Yes	are 18 or older, complete S through X <u>only</u> . nally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE
If this po Q. R. S. T.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home? Do you pay this person's utilities? Do you buy this person's food?	<u>v</u> . If they ou persor <b>DENT #4</b> Yes Yes	are 18 or older, complete S through X <u>only</u> . hally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE NO NO NO
If this po Q. R. S. T. U. V.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home? Do you pay this person's utilities? Do you buy this person's food? Do you pay this person's phone and car/transportation?	2. If they ou person DENT #4 Yes Yes Yes Yes	are 18 or older, complete S through X <u>only</u> . hally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE NO NO NO
If this po Q. R. S. T. U. V.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home? Do you pay this person's utilities? Do you buy this person's food?	v. If they ou person DENT #4 Yes Yes Yes Yes Yes Yes	are 18 or older, complete S through X <u>only</u> . hally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE NO NO NO NO
If this po Q. R. S. T. U. V.	erson is 17 or younger, complete questions Q and R below <u>only</u> <u>FOR MINORS</u> Does another adult provide for them? Yes No If another adult <i>does</i> provide for them, do you certify that you Yes No N/A $\rightarrow$ CONTINUE TO DEPEND <u>FOR ADULTS</u> Do you provide this person rent-free housing in your home? Do you pay this person's utilities? Do you buy this person's food? Do you pay this person's phone and car/transportation? Do you pay this person's "other" expenses?	v. If they ou person DENT #4 Yes Yes Yes Yes Yes Yes etc.)	are 18 or older, complete S through X <u>only</u> . hally provide more than half their support? + -OR- CERTIFICATION AND SIGNATURE NO NO NO NO

## ightarrow Continue to dependent #4+ -OR- certification and signature

## Dependent #4+

To count additional dependents, please fill out an additional Determination of Half Support form.

## **Certification and Signature**

By signing this form, I certify that all of the information reported is true and correct to the best of my knowledge. I acknowledge that by purposely giving false or misleading information in order to obtain financial aid is punishable by a fine, imprisonment or both. If asked by the Financial Aid Office, I will provide supporting documentation.

Student's Signature

Date

Parent's Signature

(Not Required for Independent Student)

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