



Determination of Half Support 2018-2019

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, 2018 through June 30, 2019. These may include friends or family members such as an uncle, aunt, cousin, grandparent, niece, nephew, 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.

Dependent #1

Name: _____ Age: _____ Relation to You: _____

If this person is 17 or younger, complete questions A and B below **only**. If they are 18 or older, complete C through H **only**.

FOR MINORS

- A. Does another adult provide for them? ☐ Yes ☐ No
- B. If another adult *does* provide for them, do you certify that you personally provide more than half their support?
☐ Yes ☐ No ☐ N/A → **CONTINUE TO DEPENDENT #2 -OR- CERTIFICATION AND SIGNATURE**

FOR ADULTS

- C. Do you provide this person rent-free housing in your home? ☐ Yes ☐ No
- D. Do you pay this person's utilities? ☐ Yes ☐ No
- E. Do you buy this person's food? ☐ Yes ☐ No
- F. Do you pay this person's phone and car/transportation? ☐ Yes ☐ No
- G. Do you pay this person's "other" expenses?
(medical/dental bills, daycare, personal care items, etc.) ☐ Yes ☐ No
- H. Do they have their own income (including govt. benefits)? ☐ Yes ☐ No
- DEP #1 - ANNUAL INCOME AMOUNT: \$ _____ from ☐ Work ☐ Benefits ☐ Both

→ **CONTINUE TO DEPENDENT #2 -OR- CERTIFICATION AND SIGNATURE**

Dependent #2

Name: _____ Age: _____ Relation to You: _____

If this person is 17 or younger, complete questions I and J below **only**. If they are 18 or older, complete K through P **only**.

FOR MINORS

- I. Does another adult provide for them? ☐ Yes ☐ No
- J. If another adult *does* 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**

Complete Other Side

FOR ADULTS

- K. Do you provide this person rent-free housing in your home? ☐ Yes ☐ No
- L. Do you pay this person's utilities? ☐ Yes ☐ No
- M. Do you buy this person's food? ☐ Yes ☐ No
- N. Do you pay this person's phone and car/transportation? ☐ Yes ☐ No
- O. Do you pay this person's "other" expenses? ☐ Yes ☐ No
(medical/dental bills, daycare, personal care items, etc.)
- P. Do they have their own income (including govt. benefits)? ☐ Yes ☐ No
- DEP #2 - ANNUAL INCOME AMOUNT: \$_____ from ☐ Work ☐ Benefits ☐ Both

→ CONTINUE TO DEPENDENT #3 -OR- CERTIFICATION AND SIGNATURE

Dependent #3

Name: _____ Age: _____ Relation to You: _____

If this person is 17 or younger, complete questions Q and R below only. If they are 18 or older, complete S through X only.

FOR MINORS

- Q. Does another adult provide for them? ☐ Yes ☐ No
- R. If another adult *does* provide for them, do you certify that you personally provide more than half their support?
☐ Yes ☐ No ☐ N/A

→ CONTINUE TO DEPENDENT #4+ -OR- CERTIFICATION AND SIGNATURE

FOR ADULTS

- S. Do you provide this person rent-free housing in your home? ☐ Yes ☐ No
- T. Do you pay this person's utilities? ☐ Yes ☐ No
- U. Do you buy this person's food? ☐ Yes ☐ No
- V. Do you pay this person's phone and car/transportation? ☐ Yes ☐ No
- W. Do you pay this person's "other" expenses? ☐ Yes ☐ No
(medical/dental bills, daycare, personal care items, etc.)
- X. Do they have their own income (including govt. benefits)? ☐ Yes ☐ No
- DEP #3 - ANNUAL INCOME AMOUNT: \$_____ from ☐ Work ☐ Benefits ☐ Both

→ 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