

2020 – 2021 Determination of Half Support

Student Name:	TC ID#
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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, 2020 through June 30, 2021. 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 Students: Information provided by **PARENT**

INDEPENDENT Students: Information provided by **SELF**

Person's Name and Relationship	Does the person live in current household?	% of the person's support provided	Resources used to provide support
Name: _____ Relationship: Age: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1% to 50% <input type="checkbox"/> 51% to 100%	<input type="checkbox"/> Personal earned income (for food, rent, utilities, medical, etc.) <input type="checkbox"/> Third party support (Child Support, Alimony, Benefits, etc.) <input type="checkbox"/> Other: _____ Does the person have their own income? <input type="checkbox"/> Yes <input type="checkbox"/> No • If YES, what is their <u>current</u> monthly income? \$ _____ / month What is their source of income? <input type="checkbox"/> Work <input type="checkbox"/> Benefits
Name: _____ Relationship: Age: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1% to 50% <input type="checkbox"/> 51% to 100%	<input type="checkbox"/> Personal earned income (for food, rent, utilities, medical, etc.) <input type="checkbox"/> Third party support (Child Support, Alimony, Benefits, etc.) <input type="checkbox"/> Other: _____ Does the person have their own income? <input type="checkbox"/> Yes <input type="checkbox"/> No • If YES, what is their <u>current</u> monthly income? \$ _____ / month What is their source of income? <input type="checkbox"/> Work <input type="checkbox"/> Benefits
Name: _____ Relationship: Age: _____ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None <input type="checkbox"/> 1% to 50% <input type="checkbox"/> 51% to 100%	<input type="checkbox"/> Personal earned income (for food, rent, utilities, medical, etc.) <input type="checkbox"/> Third party support (Child Support, Alimony, Benefits, etc.) <input type="checkbox"/> Other: _____ Does the person have their own income? <input type="checkbox"/> Yes <input type="checkbox"/> No • If YES, what is their <u>current</u> monthly income? \$ _____ / month What is their source of income? <input type="checkbox"/> Work <input type="checkbox"/> Benefits

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

Certification and Signature			
<p>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.</p>			
_____ Student's Signature/Name (Required)	_____ Date	_____ Parent's Signature/Name (Required if Dependent)	_____ Date