



## PROOF OF INCOME & SUPPORT OF DEPENDENTS WORKSHEET 2020-2021

You indicated on your Household Size Worksheet that you or your parent(s) are providing more than half of the support for an individual who is either over the age of 24 *and/or* who is not your or your parent's legal, biological child or step-child (ex: niece/nephew).

STUDENT NAME: \_\_\_\_\_ STUDENT ID: B00\_\_\_\_\_

### Section A: Identify the Dependent

A dependent is any person for whom you or your parent(s) will provide financial support between July 1, 2020 and June 30, 2021. Please list one person for whom you or your parent(s) will provide more than 50% of the financial support below. *The person listed below must meet all of the following criteria:*

- they now live with you or your parent(s)
- they now receive more than half their financial support from you or your parent(s)
- they will continue to receive this support from you or your parent(s) for the coming academic year (7/1/20-6/30/21)

Dependent Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

### Section B: Dependent's Financial Information

- [1] Does the person identified in Section A have income of their own?  
 Yes, (please indicate the source: \_\_\_\_\_)  No
- [2] Enter the monthly amount of this income that was used for their own support: \$ \_\_\_\_\_
- [3] Enter the monthly amount of this income that was used for other purposes: \$ \_\_\_\_\_
- [4] Does the person identified in Section A have any checking/savings accounts or other financial resources?  
 Yes, (please indicate the source: \_\_\_\_\_)  No
- [5] Enter the monthly amount of the resources reported on Line 4 used for their own support: \$ \_\_\_\_\_
- [6] Enter the monthly amount of the resources reported on Line 4 used for other purposes: \$ \_\_\_\_\_

If dollar amounts have been entered in Line 3 or Line 6, please explain the other purposes the income was used for:

### Section C: Monthly Household Expenses (*for your entire household*)

- [7] Housing (i.e. mortgage or rent payment) \$ \_\_\_\_\_
- [8] Food \$ \_\_\_\_\_
- [9] Utilities (i.e. electricity, gas, water, phone *not included* in Line 7 above) \$ \_\_\_\_\_
- [10] Other (do not include expenses of maintaining the home (real estate taxes, etc.) or clothing, transportation or medical costs for individuals living within the household); Please explain any amount listed here: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Section D: Dependent's Monthly Expenses**

- [11] Average Monthly Expense for Clothing \$ \_\_\_\_\_
- [12] Average Monthly Expense for Transportation (i.e. payment, insurance, gas, etc.) \$ \_\_\_\_\_
- [13] Average Monthly Expense for Medical/Dental \$ \_\_\_\_\_
- [14] Other; Please explain any amount listed here: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Section E: Support Evaluation**

- [15] Amount others provide monthly for the person specific in Section A. This includes amounts provided by state/local welfare agencies or by other family members to pay the person's expenses (exclude child support). \$ \_\_\_\_\_

**Amount you or your parent(s) provide monthly for support:**

- [16] Income from Work \$ \_\_\_\_\_
- [17] Benefits (i.e. TANF/Social Security/unemployment) \$ \_\_\_\_\_
- [18] Child Support/Alimony Received \$ \_\_\_\_\_
- [19] Savings/Investment/Retirement \$ \_\_\_\_\_
- [20] Other (Please specify: \_\_\_\_\_) \$ \_\_\_\_\_

**Section F: Certification**

I certify that all information contained in this document is true and complete to the best of my knowledge. I have not knowingly or intentionally given false or fraudulent statements or fraudulent documentation. I understand that if I have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized.

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

*Electronic and typed signatures are not acceptable.*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the person specified in Section A (if over the age of 18)**

*Electronic and typed signatures are not acceptable.*

\_\_\_\_\_  
**Date**

**Please contact your Admissions Counselor/Student Central with any financial aid questions.**

Student Financial Services, 11400 Concordia University Drive, Austin, TX 78726-4141  
 Student Central Phone: 1.512.313.4700 Student Financial Services Fax: 1.512.313.1670