



Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ 1-310-660-3493 ♦ www.elcamino.edu
ECC Compton Center (COM) - 1111 E. Artesia Blvd., E-17 ♦ Compton, CA 90221 ☎ 1-310-900-1600 x 2935 ♦ www.compton.edu

2018-2019 Worksheet for Determining Support

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

El Camino College Student ID Number _____ Last 4 Digits of Social Security Number _____ Date of Birth (MM/DD/YYYY) _____
Last Name _____ First Name _____ Middle Initial _____

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, from July 1, 2018 through June 30, 2019?

☐ **No** Stop here. Go back online to www.fafsa.gov, correct question #51 and provide your parent(s') information on your Free Application for Federal Student Aid (FAFSA) application.

☐ **Yes** Please complete the information below and provide the requested documentation.

What are your living arrangements during the 2018-2019 Academic Year? (Check one box)

☐ Living Off-Campus ☐ Living With Parent(s) ☐ Living With Relative(s)

List dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, from now through June 30, 2019.

Full Name	Age	Relationship	Dependent's Current Monthly Income

Please list below the monthly expenses for your dependent(s), the person(s) you are supporting other than your children.

Dependent #1	Dependent #1	Dependent #1
Expense Type	Monthly Amount	Amount Paid By You
Rent/Mortgage		
Utilities		
Food		
Transportation		
Personal		
Other:		

Dependent #2	Dependent #2	Dependent #2
Expense Type	Monthly Amount	Amount Paid By You
Rent/Mortgage		
Utilities		
Food		
Transportation		
Personal		
Other:		

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform necessary electronic ISIR corrections on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/repayment of my financial aid. I/we also understand if we purposely give false or misleading information, I/we may be fined, sentenced to jail or both.

Student Signature

Date