



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, 2015 through June 30, 2016?

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 2015-2016 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, 2016.

Table with 4 columns: 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.

Table with 3 columns: Expense Type, Monthly Amount, Amount Paid By You

(continued next page)

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

By signing this worksheet, I (we) certify that all of the information reported to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine up to \$20,000, prison, or both.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date