STUDENT FINANCIAL SERVICES, SSB 1.192 1201 WEST UNIVERSITY DRIVE, EDINBURG TX 78541-2999 (956)381-2501
FAX :(956)381-2392

SUPPORT WORKSHEET 2006-2007

STUDENT: _____ _____
LAST NAME FIRST NAME MIDDLE NAME STUDENT ID#

You included an individual on your financial aid application, which needs to meet the following requirements in order to be included as part of the household for financial aid purposes **(You will need to complete one form per person being questioned)**:

- **They must currently be living with you.**
- **You and/or your parents must provide more than half of their** support and continue to provide more than half of their support from July 1, 2006 to June 30, 2007.
- **If the person you listed is a minor**, proof Legal guardianship is required. If the child is in school, please provide form from school showing that you are the legal guardian. Notarized letters are not considered legal guardianship. A state or district court judge must have appointed you as the legal guardian for this person.
- **If this person is disabled**, provide medical records as proof of this disability.

Print the name and social security number of the person providing support

Name: _____ **SSN:** _____

Information of person being supported

Name: _____ **SSN:** _____

AGE: _____ RELATIONSHIP (to provider): _____

Address where this person resides: _____

Since when? _____ Is the residence owned ☐ or rented ☐

Who owns the home or pays the rent? _____ Amount paid monthly$ _____

Who pays the utility bills for this residence? _____ Amount paid monthly$ _____

From what sources is this support being paid? _____

When did support begin? _____ When will support end? _____
MM/DD/YYYY MM/DD/YYYY

Estimated Monthly Expenses SUPPORTER *pays* for the PERSON BEING SUPPORTED ONLY

EXPENSE	AMOUNT PAID
1. Food	**$**_____
2. Clothing	**$**_____
3. Medical/dental	$_____
4. Personal care	**$**_____
5. Other:_____	**$**_____

[Continue completing form on the reverse side]

STUDENT: ____ ____________________

LAST NAME FIRST NAME MIDDLE NAME ID #

Information on person being supported (continued)

Does the person work? ☐ Yes ☐ No **If yes**, amount per month:______________________________

Did the person pay for any of their own expenses? ☐ Yes ☐ No **If yes**, (Explain)? __________________

____

Does the person receive any other income in their name or on their behalf **per month** (Social Security, Supplemental benefits, Retirement pensions, VA benefits, Alimony, Child Support, Workers Comp, TANF, Food Stamps, Savings, Certificate of Deposit, Other)? ☐ Yes ☐ No **If yes**, please list:

Type of Income	**Amount**
1. ______________________	$______________________
2. ______________________	$______________________
3. ______________________	**$**______________________

Please provide a detailed statement describing the reason this person resides within the household for financial aid purposes. If the person is a minor please include in your statement the whereabouts of the child's parents and why the child is living with your family. (If additional space is needed, please attach statements. **Attach appropriate proof to your statement)**

Please Print Your Statement

By signing this form, you agree that it is complete, true, and to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information in order to qualify for Title IV funds, you will be referred to the Inspector General and you may be fined $10,000, sent to prison or both.

Signature:____ Date:_______________________________

NOTE: Disclosure of Social Security Number (SSN) is required in order for The University of Texas- Pan American's Student Financial Services Office to process required documents as mandated by Federal/State law. Further disclosure of SSN is governed by the Public Information Act (Chpt. 552 of the Texas Government Code) and other applicable law.

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to UTPA, with few exceptions. The information that UTPA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.

For office use only:
Approved: _________ Disapproved: __________ Additional information requested:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Committee initials:
Date: