

2019-2020 SUPPORT STATEMENT FORM – DEPENDENT

Instructions:

1. Complete, sign and date this form. Please make sure no fields are left blank.
2. Submit this form and any other documents initiated in your myUH To-Do List to:

The Office of Scholarships and Financial Aid

In Person: Welcome Center

Online: Via your myUH account To-Do List

To-Do List Legend	
Initiated	New item to submit
Received	In our records, but not reviewed
Incomplete	Reviewed, but more info needed

Visit uh.edu/sfaupload for more information on how to upload your forms online.

A. Student Information

Last Name	First Name	MI	myUH ID
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In order to include your sibling(s) and/or other dependent(s) who are **24 years old or older** in your household size, your parent(s) must meet the support test.

1. Will your parent(s) provide **more than 50%** support to anyone that is 24 years old or older?

No* Yes

2. Will your parent(s) continue to provide **more than 50%** support from July 1, 2019 thru June 30, 2020?

No* Yes

**If you answered "NO" to either 1 or 2, stop here. Sign and date below. You, and at least one parent whose information was reported on the FAFSA must sign and date. Electronic signatures are not accepted.*

Student Signature	Date	Parent Signature	Date
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B. Dependent Information

If you answered "YES" to either 1 or 2, please continue and complete the table below along with the financial support attachment. Use additional sheets if necessary.

Name of Dependent	Age	Relationship to Student	Does this dependent live with your parent(s)?
			No Yes If yes, since _____ <i>Date</i>
			No Yes If yes, since _____ <i>Date</i>

C. Rent/Mortgage

Will your parent(s) pay rent/mortgage? No Yes How much per month: \$ _____

If No, please explain why:

D. Financial Support

Please list the **CURRENT MONTHLY** income sources/expenses for each of the other dependents listed above:

DO NOT LEAVE BLANK. IF NOT APPLICABLE ENTER \$0

Financial Support Form		
Funds belonging to the Dependent(s) Being Supported		
	Dependent 1	Dependent 2
1. Income earned from work	\$	\$
2. Income received from other (relatives and/or friends)	\$	\$
3. Untaxed income (tax-exempt interest, IRA distributions, pensions, etc...)	\$	\$
4. Enter amounts provided by state, local, and other welfare societies or agencies. Including Supplemental Security Income (SSI), Disability Security Income, Child Support Received, SNAP benefits.	\$	\$
5. Add lines 1 through 4 for the TOTAL INCOME and/or ASSISTANCE	\$	\$
6. Enter the amount from line 5 used for the person's support (ie: food, lodging, transportation)	\$	\$
7. Enter the current total amount in the person's savings and other accounts	\$	\$
8. Add lines 6 and 7. (This amount should equal line 5.)	\$	\$
Expenses for Entire Household		
9. Lodging (complete line 9a or 9b):	-----	-----
9a. Enter the total rent paid	\$	\$
9b. IF no rent was paid , enter the fair rental value of the home. If the person you supported owned the home, also include this amount in line 21	\$	\$
10. Food	\$	\$
11. Utilities (heat, light, water, etc. not already included in line 6a or 6b)	\$	\$
12. Gas / Transportation / Auto Insurance	\$	\$
13. Add lines 9a through 12. These are the total household expenses	\$	\$
14. Enter the total number of persons who live in the household		
Expenses for Dependent(s) Your Parent(s) Will Support		
15. Divide line 13 by line 14. This is the dependents share of the household expenses	\$	\$
16. Medical, Dental, Health expenses	\$	\$
17. Others Expenses (specify) :	\$	\$
18. Add lines 15 through 17. These are the total cost of support	\$	\$
Did You Provide More Than Half Support?		
19. Multiply line 18 by 50% (.50)	\$	\$
20. Subtract line 6 from line 18. This is the amount your parent(s) provided for the dependent(s) support	\$	\$
21. Is line 20 more than line 19?		
If Yes --- Your parent(s) meet the support test for this person	Yes	Yes
If No --- Your parent(s) did not meet the support test for this person	No	No

E. Please Sign this Form (black or blue ink, no electronic signatures accepted)

Each person signing this form certifies that all the information reported on it is complete and correct. The student at least one parent whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student Signature

Date

Parent Signature

Date

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.