

2016-2017

Household Member Support Verification

Please complete in black ink only

PTC ID: _____

Name: _____

This form is required because you indicated on your verification worksheet that you or your parent(s) provide support for one or more individuals who would not normally be considered a dependent. The Financial Aid Office will use the information provided on this form to determine whether or not the individual(s) can be considered a dependent for financial aid purposes. The individual(s) in question are identified **from the Financial Aid & Tuition tab on Pathway by clicking on Financial Aid Status and reviewing your active messages for 2016-2017.**

Name of Individual(s) Being Supported (from your Pathway account):	Relationship to Student:

Briefly explain the circumstances of why you or your parent(s) are supporting the individual(s) listed above:

Provide estimated EXPENSES from July 1, 2016 through June 30, 2017 for individual(s) supported:

Type of Expense	Amount Paid
Housing	\$
Utilities (power, water, phone, tv, etc.)	\$
Food	\$
School Tuition	\$
Transportation (car pmts, gas, insurance, etc.)	\$
Child Care	\$
Medical	\$
Clothing and Personal	\$

Provide estimated INCOME expected from July 1, 2016 through June 30, 2017 for individual(s) supported:

Type of Income	Amount Received by Individual(s) being supported
Wages/Self-Employment	\$
Unemployment Benefits	\$
SNAP Benefits (Food Stamps) and/or WIC	\$
Social Security Benefits or SSI	\$
Disability or Worker's Comp	\$
TANF, Welfare or Section 8/HUD	\$
Financial Aid Received	\$
Child Support Received	\$

(At least one parent must sign with dependent student's signature, electronic signatures cannot be accepted)

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.