



# Lander University Financial Aid Office

21SUPS

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## 2020-2021 Proof of Support for Student's Household Members

Student's Last Name                      First Name                      MI                      Lander ID (L#)

Street Address                      City                      State                      Zip

In order to verify your status as an independent student for financial aid purposes, we must collect this information from students who are under 24 years old and have answered "YES" to one or both of the FAFSA questions reporting that you provide more than half the financial support of children or other legal dependents. This worksheet is based on the *Worksheet for Determining Support* that appears in the IRS Publication 501 *Exemptions, Standard Deduction, and Filing Information*.

Please: 1) Answer ALL questions carefully. 2) Attach supporting documentation. 3) DO NOT LEAVE ANY QUESTIONS BLANK. 4) Please print your answers.

### A. Identify your dependent

A dependent is any person for whom you will provide financial support between July 1, 2020 and June 30, 2021. Please list one person for whom you will provide more than 50% of the financial support below.

If the person you support is not your child, then they must meet all of the following criteria:

- (a) They now live with you
- (b) They now receive more than half their financial support from you
- (c) They will continue to receive this support from you for the coming academic year

Dependent Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

### B. Dependent financial information

#### Funds Belonging to the Person You Support:

- [1] Does the person you support have income (taxed and/or untaxed) of their own?  
 Yes (Please indicate Source: \_\_\_\_\_)  
 No
- [2] Enter the monthly amount of this income that was used for their own support \$ \_\_\_\_\_
- [3] Enter the monthly amount of this income that was used for other purposes \$ \_\_\_\_\_
- [4] Does the person you support have any checking/savings accounts or other financial resources?  
 Yes (Please indicate Source: \_\_\_\_\_) \$ \_\_\_\_\_  
 No
- [5] Total monthly amount of resources used for support (Add lines 2 through 4) \$ \_\_\_\_\_

### C. Monthly Expenses

#### Monthly Expenses for the Entire Household (where the person you supported lived)

- [6] Lodging – complete item (a) or (b)
  - (a) Mortgage or Rent payments (a) \$ \_\_\_\_\_
  - (b) If the person you support owns the home, what is the fair rental value of the home (what the owner could charge monthly)? (b) \$ \_\_\_\_\_
- [7] Food \$ \_\_\_\_\_
- [8] Utilities (i.e. heat, light, water not included in line 6 (a) or 6 (b) above) \$ \_\_\_\_\_
- [9] Repairs (not included in line 6 (a) or 6 (b) above) \$ \_\_\_\_\_
- [10] Other. Do not include expenses for maintaining home, such as mortgage interest, real estate, taxes, and insurance. \$ \_\_\_\_\_
- [11] Total monthly household expenses (Add lines 6 through 10) \$ \_\_\_\_\_
- [12] Total number of persons who lived in household \_\_\_\_\_
- [13] Each person's part of household expenses (line 11 divided by line 12) \$ \_\_\_\_\_

**Total Expenses for the Person You Supported**

- [14] Each person's part of household expenses (total from line 13) \$ \_\_\_\_\_
- [15] Average Monthly Expenses for Clothing \$ \_\_\_\_\_
- [16] Average Monthly Expenses for Education \$ \_\_\_\_\_
- [17] Average Monthly Expenses for Medical, Dental \$ \_\_\_\_\_
- [18] Average Monthly Expenses for Travel, Recreation \$ \_\_\_\_\_
- [19] Other (Please specify \_\_\_\_\_) \$ \_\_\_\_\_
- [20] Total cost of support for the month (Add lines 14 through 19). \$ \_\_\_\_\_

**D. Support Evaluation**

- [21] 50% of line 20 (line 20 divided by 2) = \$ \_\_\_\_\_
- [22] Add line 5 + line 6 (b) if the person you supported owned the home \$ \_\_\_\_\_

If line 22 is greater than line 21 STOP. You are not providing more than 50% of the person's support. Please correct your FAFSA and provide parental information.

If line 21 is greater than line 22 continue.

[23] Amount others provided monthly for the person you support. This includes amounts provided by State/local welfare agencies or amounts provided by other family members to pay the person's expenses (exclude child support). \$ \_\_\_\_\_

[24] Amount you provide monthly for support:

- Income from Work \_\_\_\_\_
- Benefits (i.e. TANF/Social Security/unemployment) \_\_\_\_\_
- Child support/alimony received \_\_\_\_\_
- Savings/investments/retirement \_\_\_\_\_
- Other (please specify \_\_\_\_\_) \_\_\_\_\_

Total: \$ \_\_\_\_\_

**If line 24 is greater than line 21 then you meet the support test for the person(s) and qualify as independent for financial aid purposes.**

**If line 24 is less than line 21 then you do not meet the support test for the person(s) and must correct your FAFSA responses and provide parental information.**

Please contact the Lander University Financial Aid Office at (864) 388-8340 or stop by the office in the Carnell Learning Center if you have questions or need assistance in completing this form.

**E. Student Certification And Signature**

By signing this worksheet I certify that the above information is true and a complete representation of my financial status. I agree to provide supporting documentation, if requested, to verify such.

\_\_\_\_\_  
**Student's Signature** **Phone#** **Date**

**Parent Certification Statement And Signature**

I certify that the above student does not live with me and that I do not provide support for the student or his/her dependent.

\_\_\_\_\_  
**Parent's Signature** **Phone #** **Date**

**Financial Aid Office Use Only**

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	If approved, update RRAAREQ	
Initials/date		If not approved, update RNANAxX dependents Q50, 51	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ – xxSUPS and add CORRP if correction made	
FSAH AVG Guide Ch. 1 and 2		If not approved, will need to change Track Group on RRAAREQ to UNSIGN and select Create Requirements	
Refer to the SFA Application/Verification Guide for how to count each expense based on source.		RHACOMM	
		CNSLR Initials/date	