North Arkansas College
2022 – 2023 Proof of Dependent Support Worksheet
Financial Aid Office * 1515 Pioneer Drive * Harrison, AR 72601 * 870-391-3266 * Fax 870-391-3340
financial-aid@northark.edu

Student's Name: _____

Student's ID Number: _____

In order to verify your status for federal aid purposes, we must collect this information from students who answered "yes" to the FAFSA question reporting that you provide more than half the financial support for dependents other than children.

A.   Identify Your Dependent (complete a separate worksheet for each if more than one)
A dependent is any person for whom you will provide financial support between July 1st and June 30th of the academic year. Please list those that you will provide more than 50% of the financial support below.
- 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 of their own?

_____ Yes
_____ 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
_____ No
5.   Enter the monthly amount of their resources reported on line 4 used for their own support: $_____
6.   Enter the monthly amount of their resources used for other purposes: $_____

C. Monthly Expenses for the Entire Household
7.   Lodging (complete item A or B)
    A) Mortgage or rent payments $_____
    B) If the person you support owns the home, what is the fair rental value $_____
8.   Food $_____
9.   Utilities $_____
10. Other $_____
11. TOTAL: $_____
12. Total number of persons living in household $_____
13. Each person's part of the household expenses (line 11 divided by line 12) $_____

D. Total Expenses for the Person You Supported

    a. Each person's part of the household expenses (total from line 13) $_____

    b. Average monthly expenses for clothing $_____

    c. Average monthly expenses for education $_____

    d. Average monthly expenses for medical/dental $_____

    e. Average monthly expenses for travel/recreation $_____

    f. Other (please specify) _____ $_____

14. TOTAL cost of support for the **month** (add a - f) $_____

E. Support Evaluation

15. 50% of line 14 (line 14 divided by 2) $_____

16. Add lines 2, 5 and 7b (if the person you support owns the home) $_____

If line 16 is greater than line 15 then you do not meet the support test for the person(s) and must correct your FAFSA responses (you may be required to provide parental information if you are under the age of 24)

If line 15 is greater than line 16 continue.

17. Amount others provided monthly for the person you support. This includes amount provided by state/local welfare agencies or amounts provided by other family members to pay the person's expenses (excludes child support). $_____

18. Amount you provide monthly for support:

    a. Income from work $_____

    b. Benefits (ex Social Security/unemployment) $_____

    c. Child support/alimony received $_____

    d. Savings/investments/retirement $_____

    e. Other (list: _____) $_____

    TOTAL: $_____

If line 18 is greater than line 15 then you meet the support test for the person(s) and qualify as an independent for financial aid purposes.

If line 18 is less than line 15 then you do not meet the support test for the person(s) and must correct your FAFSA responses (you may be required to provide parental information if you are under the age of 24)

By signing this worksheet, the student certifies that the above information is a true and complete representation of their financial status. The student agrees to provide supporting documentation if requested.

Student signature: _____   Date: _____