



2009-2010 Support Form Information – Parent

See Verification Help at www.ccis.edu

A. Student Information:

Last Name	First Name	MI	Student ID	City	State	Zip	Date of Birth

B. Support Information (please provide information on the person you supported)

				<input type="checkbox"/> Yes	From 7/1/09 to 6/20/10, will this person live with you?
Last Name	First Name	MI	Relationship to you (do not list "other")	<input type="checkbox"/> No	

C. Funds Belonging to the Person You Supported

NOTE: Funds listed in section C belong to the person you supported prior to you providing support. *Lines 1, 2, and 3 should equal line 4.

1. Amount used toward own support	\$
2. Amount used for other purposes	\$
3. Amount in savings and other accounts at the end of the year	\$
4. Total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings & other accounts at the beginning of the year.*	\$

D. Expenses for Entire Household (Provide information on the household where the person you supported lived.)

5. Lodging for the entire year: rent paid or fair value of home.	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No The person you supported owned their own home.	
6. Food	\$
7. Utilities (<i>heat, light, water, etc, not included on line 5</i>)	\$
8. Other. <i>Do not include expenses of maintaining home, such as mortgage interest or real estate taxes</i>	\$
9. Total household expenses (<i>Add lines 5 through 8</i>)	\$
10. Total number of persons who lived in household	

E. Expenses for Person You Supported (Provide information on all the expenses for the person you supported)

11. Each person's part of household expenses (<i>Line 9 divided by Line 10</i>)	\$
12. Clothing	\$
13. Education	\$
14. Medical, Dental	\$
15. Travel , Recreation	\$
16. Other (<i>specify</i>)	\$
17. Total cost of support for the year (<i>Add Lines 11 through 16</i>)	\$

F. Did you provide more than 50% support?

18. Amount the person provided for own support. (<i>Line 1 + 5 only if answered yes to line 5</i>)	\$
19. Amount others provided. Include welfare societies and agencies. (<i>Do not included Line 4</i>)	\$
20. Amount you provided for the person's support (<i>Line 17 minus Lines 18 and 19</i>)	\$
21. 50% of Line 17	\$

G. Signature and Submission Information

By signing this form, you certify that all the information reported on the Parent Verification Worksheet is complete and correct. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.**

Parent Signature

Date