



Kaskaskia College

Financial Aid Office

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27210 College Road, Centralia, Illinois 62801

Worksheet for Determining Support

Name: _____ KC ID#: _____

Name of person(s) supporting: _____

Income of the Person You Supported

1) Did the person you supported receive any income, such as wages, interest, dividends, pensions, rent, Social Security, or welfare? (If yes, complete lines 2, 3, 4, and 5. If no, go to line 6.) _____ Yes
_____ No

2) Total income received \$ _____

3) Amount of income used for support \$ _____

4) Amount of income used for other purposes \$ _____

5) Amount of income saved \$ _____

(The total of lines 3, 4, and 5 should equal line 2)

\$ _____

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

6) Lodging (Complete item A or B)

A) Rent paid \$ _____

B) If not rented, show fair rental value of home. If the person you supported owned the home, include this amount in line 20. \$ _____

7) Food \$ _____

8) Utilities (heat, electricity, water, etc. not included in line 6A or 6B) \$ _____

9) Repairs (not included in line 6A or 6B) \$ _____

10) Other. Do not include expenses of maintaining home, such as mortgage interest, real estate taxes, and insurance. \$ _____

11) Total household expenses (Add lines 6 through 10)

\$ _____

12) Total number of persons who lived in household

(OVER)

Name: _____

KC ID#: _____

Expenses for the Person You Supported

13) Each person's part of the household expenses (line 11 divided by line 12) \$ _____

14) Clothing expense for the person you supported \$ _____

15) Education expense for the person you supported \$ _____

16) Medical/Dental expense for the person you supported \$ _____

17) Travel/Recreation expense for the person you supported \$ _____

18) Other expenses for the person you supported (list expenses):

\$ _____

19) Total cost of support for the year (Add lines 13 through 18)

\$

Did You Provide More Than Half?

20) Amount the person provided for own support (line 3 plus line 6B if the person you supported owned the home) \$ _____

21) Amount others provided for the person's support. Include amounts provided by state, locale, and other welfare societies or agencies. Do not include any amounts listed on line 2. \$ _____

22) Amount you provided for the person's support (line 19 minus lines 20 and 21) \$ _____

23) 50% of line 19 \$ _____

Is line 22 more than line 23?

_____ **Yes.** You meet the support test for this person to be your qualifying relative.

_____ **No.** You do not meet the support test for this person to be your qualifying relative.

Signature: _____ **Date:** _____