



# Lander University Financial Aid Office

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25SUPP  
(Parent)

## 2024-2025 Proof of Support for Parent(s)' Household Members

Student's Last Name	First Name	MI	Lander ID (L#)
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On your Free Application for Federal Student Aid (FAFSA) or in verification documentation you provided our office, you included an individual in your parent(s)' household whom we must confirm his/her eligibility to be included in the number in household. He/she can only be included in the household if your parent(s) will provide more than 50% of the support from July 1, 2024 through June 30, 2025. Please complete the information below so that we may determine whether he/she can be included on your FAFSA. 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 parent(s)' dependent

A dependent is any person for whom you will provide financial support between July 1, 2024 and June 30, 2025. 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 Student \_\_\_\_\_

### B. Dependent financial information

#### Funds Belonging to the Person Your Parent(s) Support:

- [1] Does the person your parent(s) 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 your parent(s) 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 your parent(s) supported lived)

- [6] Lodging – complete item (a) or (b)
  - (a) Mortgage or Rent payments (a) \$ \_\_\_\_\_
  - (b) If the person your parent(s) 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 Your Parent(s) 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. Your parent(s) are not providing more than 50% of the person's support. The Lander Financial Aid Office will correct your FAFSA and remove this person from the household.

If line 21 is greater than line 22 continue.

[23] Amount others provided monthly for the person your parent(s) 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 your parent(s) 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 your parent(s) meet the support test for the person(s) for financial aid purposes.**

**If line 24 is less than line 21 then your parent(s) do not meet the support test for the person(s). The Lander Financial Aid Office will remove this person from the household.**

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's Signature Phone # Date

**Financial Aid Office Use Only**

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	If approved, update RRAAREQ (and complete verification, if applicable)	
Initials/date		If not approved, update parent # in hh and exclude this individual	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ – xxSUPP "S" and add CORRP if correction made	
FSAH AVG Guide Ch. 1 and 2			
Refer to the SFA Application/Verification Guide for how to count each expense based on source.		RHACOMM CNCLR Initials/date	