



**2021-2022 Support Test Form-Parent**  
 Office of Financial Aid and Scholarships  
 P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098  
[FAO.Verification@tamuc.edu](mailto:FAO.Verification@tamuc.edu)

<b>Office Use Only</b> <b>SUPTSP</b>
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STUDENT'S NAME: \_\_\_\_\_ CWID: \_\_\_\_\_

**Instructions:** The following form may be used to determine whether a person provides more than half of the support for another person. It is based on the Worksheet for Determining Support that appears in Table 5 on page 12 of IRS Publication 501.

[Exemptions, Standard Deduction, and Filing Information.](#)

Provide the following information to calculate the support for the person(s) that you support in your household. This is required to show sufficient support for the Special Circumstance.

**PARENT NAME SUPPORTING STUDENT:** \_\_\_\_\_

**Section I. Monthly Expenses for Entire Household**

- Total number of people living in your household: \_\_\_\_\_ (even those not reported on your FAFSA or Verification worksheet).
- Do you live in a home/apartment that you own or rent?  Yes  No  
 If No, list name of person you live with \_\_\_\_\_ Relationship \_\_\_\_\_
- What is the **monthly** rent or mortgage payment (whether you pay rent or not)? \_\_\_\_\_
- Do you receive SNAP Benefits (food stamps)?  Yes  No  
 If Yes, how much does the entire household spend in food after food stamps? \_\_\_\_\_  
 If No, how much money does the entire household spend in food per month? \_\_\_\_\_
- What is the TOTAL **monthly** utilities such as electricity, water, gas, trash, phone, etc.? \_\_\_\_\_  
 (If included in rent, include the amount landlord pays)

**Section II. Resources for Monthly Expenses**

- Are you currently employed?  Yes  No **If Yes, include a current pay stub.**
- Do you receive SSA?  Yes  No **If Yes, include a current SSA statement.**
- Do you receive child support?  Yes  No **If Yes, provide statement from Attorney General.**

**Section III. Monthly Expenses that You Pay**

**Instructions:** List the **monthly** expenses for each person you support. DO NOT include yourself.

EXPENSES	Person You Support	Person You Support	Person You Support
	Name: _____	Name: _____	Name: _____
Clothing, diapers, etc.			
Car/Transportation			
Gasoline			
Cell Phone			
Medical/Dental			
Daycare			
Beauty/Hygiene			
<b>TOTAL</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**Certification and Signature:** You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

- All of the information provided is true and complete to the best of your knowledge
- All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
- Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
- Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
- Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
- All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**