

# California Lutheran University – Office of Financial Aid

## 2015-16 Worksheet for Determining Support

**RETURN TO:**

**CLU Office of Financial Aid  
60 West Olsen Road #1375  
Thousand Oaks, CA 91360  
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FAX: (805) 493-3114**

This worksheet is used to demonstrate how the student is financially supporting a child, or person other than a spouse, in order to qualify as an independent student for financial aid purposes.

Student's Last Name	Student's First Name	M.I.	CLU ID # or Social Security Number
<b>@callutheran.edu</b>			
Date of Birth	E-mail address	Current phone number (include area code)	
Name of Person Supported	Relationship		

### Funds Belonging to the Person You Supported

	Amount per Year
1. Enter the 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 and other accounts at the beginning of the year. Do not include funds provided by the state; include those amounts on line 23 instead	\$
2. Enter the amount on line 1 that was used for the person's support	\$
3. Enter the amount on line 1 that was used for other purposes	\$
4. Enter the total amount in the person's savings and other accounts at the end of the year	\$
5. Add lines 2 through 4. (This amount should equal line 1.)	\$

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

	Amount per Year
6. Lodging (complete line 6a or 6b):	\$
6a. Enter the total rent or mortgage paid	\$
6b. Enter the fair value of the home. If the person you supported owned the home, also include this amount in line 21	\$
7. Enter the total food expenses	\$
8. Enter the total amount of utilities (heat, light, water, etc. not included in line 6a or 6b)	\$
9. Enter the total amount of repairs (not included in line 6a or 6b)	\$
10. Enter the total of other expenses. Do not include expenses of maintaining the home, such as mortgage interest, real estate taxes, cable, credit card, pool maintenance, etc.	\$
11. Add lines 6a through 10. These are the total household expenses	\$
12. Enter total number of persons who lived in the household	

### Expenses for the Person You Supported

13. Divide line 11 by line 12. This is the person's share of the household expenses	\$
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	<b>Amount per Year</b>
14. Enter the person's total clothing expenses	\$
15. Enter the person's total education expenses	\$
16. Enter the person's total medical and dental expenses not paid for or reimbursed by insurance	\$
17. Enter the person's total travel and recreation expenses	\$
18. Enter the total of the person's other expenses not included above	\$
19. Add lines 13 through 18. This is the total cost of the person's support for the year	\$

### Did the Person Provide More Than Half of His or Her Own Support?

20. Multiply line 19 by 50% (.50)	\$
21. Enter the amount from line 2, plus the amount from line 6b if the person you supported owned the home. This is the amount the person provided for his or her own support	\$
22. Is line 21 more than line 20? <input type="checkbox"/> No. You meet the support test for this person to be your qualifying child. If this person also meets the other tests to be a qualifying child, stop here; do not complete lines 23–26. Otherwise, go to line 23 and fill out the rest of the worksheet to determine if this person is your qualifying relative. <input type="checkbox"/> Yes. You do not meet the support test for this person to be either a qualifying child or qualifying relative. Stop here.	

### Did You Provide More Than Half?

	<b>Amount per Year</b>
23. Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Do not include any amounts included on line 1	\$
24. Add lines 21 and 23	\$
25. Subtract line 24 from line 19. This is the amount you provided for the person's support	\$
26. Is line 25 more than line 20? <input type="checkbox"/> Yes. You meet the support test for this person to be your qualifying relative. <input type="checkbox"/> No. You do not meet the support test for this person to be your qualifying relative.	

### Signature

I hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
Student's Signature - Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature - Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person You Supported –

\_\_\_\_\_  
Date

Required when any positive amount(s) are listed in Box 1 and/or Box 23 (if over the age of 18)

**PLEASE RETURN TO CALIFORNIA LUTHERAN UNIVERSITY AT THE ADDRESS LISTED ABOVE.**