

Return to:
Ohlone College
 Financial Aid Office
 Building 7, 2nd Floor
 43600 Mission Blvd.
 Fremont, CA 94539
 510-659-7309 (Fax)
 financial_aid@ohlone.edu



Parent's Other Dependent Support Statement

Student Name: _____

Student ID _____

In order to include your sibling(s) who was born before 01/01/1995 AND/OR your parent(s)' other dependent(s) in your household size, your parent(s) must meet the support test. The support test is determined as follows:

1. That person is living with your parent(s) (not required if it is your sibling) and will continue to live with your parent(s) until 06/30/2019; AND
2. Your parent(s) provides more than 50% of his/her total support-

Please complete the following information and return form to the Financial Aid Office.

1. Does your parent(s) support any child(ren) that was born before 01/01/1995?
 _____ Yes From: _____ to: _____ _____ No

Will your parent(s) continue to support this person until 6/30/2019?
 _____ Yes _____ No

2. Does your parent(s) support other dependent(s)?
 _____ Yes From: _____ to: _____ _____ No

Will your parent(s) continue to support this person until 6/30/2019?
 _____ Yes _____ No

If you answer "Yes" to either 1 or 2, please complete the table below: (use additional sheets if necessary)

Name of Dependent	Age	Relationship to the student	Does this dependent live with your parent(s)?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since _____
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since _____

3. Does your parent(s) pay rent/mortgage? Yes. How much/month: \$ _____ No
 If No, please explain why:

Student Name: _____

ID: _____

4. Please list income sources/expenses for your parent(s) and each of the other dependents listed above:
DO NOT LEAVE BLANK. IF NOT APPLICABLE ENTER \$0

	Parent(s)'s income Amount Per Month	Dependent 1 Amount Per Month	Dependent 2 Amount Per Month
Income Earned From Work	\$	\$	\$
Income Received from others (Relatives and/or Friends).	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Disability Security Income	\$	\$	\$
Child Support Received	\$	\$	\$
Welfare/SNAP/General Asst.	\$	\$	\$
Others (grant/loan/etc., if received between 07/01/18- 06/30/19), saving/checking please specify: _____	\$	\$	\$
Total per month	\$	\$	\$

Type of Expenses	Your parent(s)'s expenses for the entire household, including the amount your parent(s) provided to other dependent(s)	Dependent 1' Expenses	Dependent 2's Expenses
	Amount Per Month	Amount your parent(s) provided to Dependent 1	Amount your parent(s) provided to Dependent 2
Gas/Transportation	\$	\$	\$
Food	\$	\$	\$
Personal Expenses	\$	\$	\$
Rent/Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Car Insurance	\$	\$	\$
Others: _____	\$	\$	\$
Total per month	\$	\$	\$

Note: To calculate the amount your parent(s) provided for Food, Rent/Mortgage, and Utilities, divide expenses for the entire household by the number of members in your parent(s)'s household.

By signing this form, we certify that the information contained on this form is true and correct.

Student's Signature (Required)

Date

Parent's Signature (Required)

Date

Office Use Only:

Dependent 1: Is the amount parent provided more than dependent 1's total income? ___ Yes ___ No
 Dependent 2: Is the amount parent provided more than dependent 2's total income? ___ Yes ___ No