

**Return to:**  
**Ohlone College**  
 Financial Aid Office  
 Building 7, 2<sup>nd</sup> Floor  
 43600 Mission Blvd.  
 Fremont, CA 94539  
 510-659-7309 (Fax)  
 financial\_aid@ohlone.edu



## Student's Other Dependent Support Statement

Student Name: \_\_\_\_\_ Student ID \_\_\_\_\_

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

1. That person is living with you (not required if it is your child) and will continue to live with you until 06/30/2019;  
AND
2. You/your spouse provide more than 50% of his/her total support.

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

1. Do you/your spouse support any child(ren) who was born before 01/01/1995?  
 \_\_\_ Yes From: \_\_\_\_\_ to: \_\_\_\_\_ \_\_\_ No

Will you/your spouse continue to support this person until 6/30/2019?  
 \_\_\_ Yes \_\_\_ No

2. Do you/your spouse support other dependent(s)?  
 \_\_\_ Yes From: \_\_\_\_\_ to: \_\_\_\_\_ \_\_\_ No

Will you/your spouse 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 you/spouse?
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. Do you/your spouse pay rent/mortgage? \_\_\_ Yes. How much/month: \$ \_\_\_\_\_ \_\_\_ No  
 If No, please explain why:

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Student Name: \_\_\_\_\_

ID: \_\_\_\_\_

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

	Student and/or Spouse 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: _____	\$	\$	\$
<b>Total per month</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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

**Note:** To calculate the amount you provided for Food, Rent/Mortgage, and Utilities, divide expenses for the entire household by the number of members in your household.

By signing this form, I certify that the information contained on this form is true and complete.

\_\_\_\_\_  
**Student's Signature (Required)**

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

**Office Use Only:**

Dependent 1: Is the amount student provided more than dependent 1's total income? \_\_\_ Yes \_\_\_ No  
 Dependent 2: Is the amount student provided more than dependent 2's total income? \_\_\_ Yes \_\_\_ No