

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



Student's Other Dependent Support Statement

Student Name: _____ Student ID _____

In order to include your child(ren) who was born before 01/01/1996 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 06/30/2020;
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 01/01/1996?
 ___ Yes From: _____ to: _____ ___ No

Will you/your spouse continue to support this person until 6/30/2020?
 ___ 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 6/30/2020?
 ___ 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:

Student Name: _____

ID: _____

4. Please list current 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: _____	\$	\$	\$
Total per month	\$	\$	\$

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: _____	\$	\$	\$
Total per month	\$	\$	\$

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