



SUPPORT TEST FORM FOR MEMBERS OF HOUSEHOLD

STUDENT NAME: _____ ID: _____
DATE: _____

Your household information has been chosen for verification because you have listed someone in your household as one of the following:

- (A) **Someone other than your child or spouse**
- (B) **You listed a child over the age of 24**
- (C) **You are under 24 years old, single, or have no children**

Please complete this form for the member of your household that applies to A, B, or C above.
**IF MORE THAN ONE PERSON APPLIES, PLEASE MAKE COPIES AND COMPLETE FOR EACH PERSON.*

THE NAME OF PERSON LISTED AS A MEMBER OF YOUR HOUSEHOLD ON FAFSA: _____
RELATIONSHIP TO YOU (friend, relative, roommate, fiancée, etc.): _____

Funds Belonging to the Person You Supported

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 1. _____
2. Enter the amount on line 1 that was used for the person's support 2. _____
3. Enter the amount on line 1 that was used for other purposes 3. _____
4. Enter the total amount in the person's savings and other accounts at the end of the year 4. _____
5. Add lines 2 through 4. (This amount should equal line 1.) 5. _____

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

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

Expenses for the Person You Supported

13. Divide line 11 by line 12. This is the person's share of the household expenses 13. _____
14. Enter the person's total clothing expenses 14. _____
15. Enter the person's total education expenses 15. _____
16. Enter the person's total medical and dental expenses **not paid for or reimbursed by insurance** 16. _____
17. Enter the person's total travel and recreation expenses 17. _____
18. Enter the total of the person's other expenses 18. _____
19. Add lines 13 through 18. This is the total cost of the person's support for the year 19. _____

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

- 20. Multiply line 19 by 50% (.50) 20. _____
- 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..... 21. _____

Did You Provide More than Half?

- 22. 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 22. _____
- 23. Add lines 21 and 22 23. _____
- 24. Subtract line 23 from line 19. This is the amount you provided for the person's support 24. _____
- 25. Is line 24 more than line 20? 25. _____

- Yes. You meet the support test for this person to be listed in your household.
- No. You do not meet the support test for this person to be listed in your household.

PLEASE RETURN FORM ALONG WITH ANY SUPPORTING DOCUMENTATION TO:

**JOHN A. LOGAN COLLEGE
FINANCIAL AID OFFICE
700 LOGAN COLLEGE ROAD
CARTERVILLE, IL 62918**