



**SANTA ANA**  
**COLLEGE**

Financial Aid  
1530 W. 17th St.  
Santa Ana, CA 92706

2021-2022

Name of Financial Aid Applicant (Please print)		
_____	_____	_____
Last	First	Middle
Student ID Number: _____		

### Dependent Support Test Form

This worksheet is designed to determine if you are providing more than half of the support for a person other than your spouse or child. To qualify as a dependent for Financial Aid purposes, he/she must not only receive more than 50% of his/her support from you, but must also live with you. **If you are supporting more than one other person, please complete a separate Dependent Support Test Form for each person you support.** If you need assistance completing this form, please see your financial aid advisor bringing documentation of income and household / personal expenses for the person you support.

Name and relationship of person you support: \_\_\_\_\_

Will the person live with you more than 50% of the time from July 2021 – June 2022? \_\_\_\_\_

Please explain the circumstances as to why, when and how you came to be the primary provider for this person.

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Please complete the Support Test on the reverse of this form to determine if this person meets the dependent qualifications for financial aid purposes.

<b>Funds Belonging to the Person You Support</b>	
[1] Total yearly income of the person you support expected for July 2021 – June 2022	\$ _____
<b>Expenses for Everyone in the Household for the Year</b> (based on where the person you support will live from July 2021 – June 2022)	
[2] Rent for entire household – not just the supported person’s share. (If not paying rent, show fair rental value as if rent was paid. If the person you support owns the home, put \$0 on this line and include person’s share of fair rental value in line 15.)	\$ _____
[3] Food expenses for one year for <u>everyone</u> in the household	\$ _____
[4] Utilities for one year for entire household (heat, light, water, etc. if not included in rent)	\$ _____
[5] Other household expenses for the year. Total expenses, not just dependent’s share.	\$ _____
[6] Total household expenses for the year (Add lines 2 through 5)	\$ _____
[7] Total number of persons who will live in household July 2021 – June 2022	
<b>Expenses for the Person You Support for the Year</b>	
[8] Each person's part of household expenses (line 6 divided by line 7); e.g. \$20,000 / 4 = \$5,000	\$ _____
[9] Clothing expenses for person you support: July 2021 – June 2022	\$ _____
[10] Education expenses: July 2021 – June 2022	\$ _____
[11] Medical, dental expenses: July 2021 – June 2022	\$ _____
[12] Travel, recreation expenses: July 2021 – June 2022	\$ _____
[13] Other (specify)	\$ _____
[14] Total cost of support for the year (Add lines 8 - 13) or enter \$5,000, whichever is <u>greater</u> .	\$ _____
<b>Will You Provide More Than Half?</b>	
[15] Amount the person will provide for his/her own support (enter amount on line 1 or line 1 plus one person’s share of yearly fair rental value if line 2 = \$0 )	\$ _____
[16] Amount others will provide 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.	\$ _____
[17] Amount you will provide for the person's support (enter line 14 minus lines 15 and 16)	\$ _____
[18] 50% of line 14; e.g. \$5,000 x 50% = \$2,500	\$ _____
[19] Line 18 + \$5,000; e.g. \$2,500 + \$5,000 = \$7,500	\$ _____
Is line 17 greater than line 18? Is the income you reported on the FAFSA greater than line 19? (if you are supporting more than one person, you income must be greater than line 19 + all line 18’s on other Dependent Support Test forms.); e.g. If completing three forms \$7,500 + \$2,500 + \$2,500 = \$12,500	
<b>If the answer is “Yes” to both questions you meet the support test</b> <b>If the answer is “No” to either question you do not meet the support test are not eligible to claim this person as a dependent for Financial Aid purposes</b>	

**I HEREBY CERTIFY that to the best of my knowledge, all of the information provided is true and complete. I understand that false statements or misrepresentations will be cause for denial or repayment of financial aid.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: [financial\\_aid@sac.edu](mailto:financial_aid@sac.edu), 714-564-6242 for needed accommodations or alternate formats.*