

Agreement of Dependent Support

Name of Full-Time Employee _____

1. Full Name of Student	Relationship to Employee	Age	Dates Student Resides With Employee
_____	_____	_____	_____

2. Any others with whom student resides. (If student entered or left the armed forces during the year, show "AF" and date of entry or discharge)

Name	Relationship to Student	Dates
_____	_____	_____

3. Was student married during any part of the year? _____ Yes _____ No

4. Show the amounts received by and for the student from sources other than the full-time employee:

Gross Wages and Salaries	\$ _____
Dividends and Interest	_____
Rental Income	_____
Profit from Self-Employment	_____
Unemployment Compensation	_____
Social Security/VA Benefits	_____
Student Loans	_____
Welfare	_____
TOTAL	(4) \$ _____

5. Show amounts not used by student for support:

Savings	\$ _____
Investments	_____
FICA and Income Taxes Withheld	_____
Other: (List)	_____
TOTAL	(b) \$ _____

6. Support amount contributed by student. (Line 4 less Line 5) \$ _____

Note: If Line 6 is -0-, then sign the form and return.

7. Computation of Household Expenses:

a. Total household expenses for months student lived in residence.

	Employee's Residence	Other Residence
Lodging (rent/fair rental value)	\$ _____	\$ _____
Food	_____	_____
Utilities and Phone	_____	_____
Repairs	_____	_____
Other: _____	_____	_____
b. TOTAL	\$ _____	\$ _____

c. Number of Occupants _____ (7d) \$ _____ (7e) \$ _____
 Cost per Occupant b/c

8. Computation of Support (Expenses should be supported by receipts)

a. Expenses for student only (List all amounts for student's support regardless of source.):

(1) Employee's Residence (7d)	\$ _____
(2) Other residence (7e)	_____
(3) Clothing	_____
(4) Personal Grooming	_____
(5) Medical-Dental (Include Insurance Premiums)	_____
(6) Transportation	_____
(7) Travel-Recreation	_____
(8) Capital Items	_____
(9) Other: List _____	_____

b. Total Support - lines (1) to (9)	\$ _____
c. Support amount contributed by student & others (Line 6)	\$ _____
d. Amount contributed by employee (b minus c)	\$ _____

Line 8d must exceed 50% of 8b or student does not qualify for fee reduction.

Signature: _____
Employee