Thiel College

2016-2017 Support of Others Form

STUDENT NAME: ________________________________ Student ID#: _______________________

Please provide information regarding the person(s) whom you support, as claimed on the FAFSA application or verification documents. Use back of form if more space is needed.

List the people, their relationship to you and age of those you support:
__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Was this person claimed on your 2015 Federal Tax Return? ____________________________________________

- If no, was the person claimed on anyone’s tax return? ____________________________________________
- If yes, on whose tax return were they claimed? ____________________________________________

Do you have a public assistance budget that includes assistance for this person? __________________________

- If yes, please attach a copy of the budget sheet.

Did this person live with you in 2015? __________________________

If yes: All the time? ______ Part of the time? ______ – explain arrangement. __________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Does this person live with you now? ______ Explain ______________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Will this person live with you during the 2016-2017 school year? _______ Explain __________________________

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

If no, do you pay child support for this person? ______ Amount per month: __________________________

Did this person have any income in 2015? ______ If yes, indicate amount per month ______________

Indicate the total amount of income earned or received by or for this person in 2015 for each of the sources listed below. Indicate $0 if none received. Since we cannot assume any information, any blanks will delay processing of your Financial Aid.

Income from work: $__________

Welfare/AFDC/TANF: $__________

Untaxed Pension Amounts: $__________

Social Security Benefits: $__________ (Including SSI or SSD)

Workers Compensation $__________

Child Support Received for this person $__________
Any other source of income $__________ Source: ________________________________

Net Worth of Savings or

Investments of this person: $__________

Indicate the total amount of support you provided for this person in 2015 for each item listed below (You may be asked for documentation):

Housing $__________

Food $__________

Health Insurance or Medical Expenses: $__________

Personal Items $__________

Other items you provided $__________ List items: ________________________________

Does anyone else provide any means of support for this person?__________

If yes, please explain: _______________________________________________________

_________________________________________________________________________

Student Signature: _______________________________ Date: ________________

Mail or Fax form to:

Thiel College Financial Aid Office
75 College Ave.
Greenville, PA  16125
FAX: 724-589-2790