



1109 W. Panola
 Carthage, TX 75633
 Phone 903.693.2035
 Fax 903.693.1122

Student Support Worksheet

Name _____ Student ID _____ SSN _____

Please provide the following in order for us to complete a Support Test Form to calculate the actual support that you provide for the person(s) that you claimed in your household. PLEASE USE CURRENT YEAR EXPENSES AND EARNINGS TO COMPLETE THIS FORM.

Total # living in household where you live: _____

Monthly Expenses for entire household (where you and the person you supported live)

Rent/Mortgage	\$
Food	\$
Utilities (electricity, water, etc. Not included in Rent/Mortgage)	\$
Repairs	\$
A. TOTAL EXPENSES	\$

Monthly Personal Expenses for you:	Monthly Expenses for Person(s) you supported:
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	You	Person 1	Person 2	Person 3
Clothing, diapers, etc.	\$	\$	\$	\$
Cell Phone	\$	\$	\$	\$
Car/Transportation	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Medical/Dental	\$	\$	\$	\$
Education	\$	\$	\$	\$
Entertainment/Recreation	\$	\$	\$	\$
B. TOTAL EXPENSES and C EXPENSES	\$	\$	\$	\$

Monthly Resources You receive (in your name):	Monthly Resources of person(s) you supported (in their name):
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	Your Resources	Person 1 Resources	Person 2 Resources	Person 3 Resources
Income/Wages (Attach paycheck stub or SSA statement)				
WIC				
TANF				
Food Stamps				
Child Support				
D. TOTAL EXPENSES and E. TOTAL EXPENSES	\$	\$	\$	\$

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