



## CERTIFICATION OF SUPPORT FOR DEPENDENT(S)

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

Enter the **ANNUAL** totals below itemizing, in dollar amounts, how you will be supporting yourself AND provide more than 50% of dependent(s) financial support during the current academic year.

**I certify that I will provide more than 50% of support for the following dependent(s) during the current academic year:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### Category

### Annual Amount provided

Mortgage Payment or Rent: \$ \_\_\_\_\_/year

Utilities (lights, water, phone, cable, gas) \$ \_\_\_\_\_/year

Groceries \$ \_\_\_\_\_/year

Transportation (car payment, insurance, gas) \$ \_\_\_\_\_/year

Living allowances \$ \_\_\_\_\_/year

**Total of all categories to support yourself and your dependent(s)** \$ \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_