

Proof of Dependent(s) Form

Student Name _____ Student ID #: _____ SSN xxx-xx- _____

Please list the names and ages of **YOUR** dependents and their relationship to you. Please note that you may be asked to provide further documentation (e.g., Birth Certificate, Legal Guardianship, tax return, etc.).

Dependents are those people that you will support between July 1, 2022 and June 30, 2023. Include your children if they receive **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

1. they now live with you, and
2. they now receive more than half of their support from you, and
3. they will continue to receive this support from you through June 2023.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses paid by you (Student). If someone is providing this support for you, then you will not be able to claim a dependent on your FAFSA. You may be asked to provide documentation to substantiate your claim of support for the person(s) listed below as dependents.

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Where are the dependent(s) named above currently living?

with the student with the student's parent(s) other

If "other" is checked, please explain:

You (the student) lives:

with your parent(s) with a friend in my own house, apt, condo, etc. other

If "other" is checked, please explain:

If the dependent(s) is someone other than your children or spouse (eg. Grandparent, Niece, Brother, etc), do they receive any income assistance (i.e. social security benefits, retirement, welfare, etc)? Yes No

If yes, please list all types and total amount received.

Benefit Type(s): _____ Monthly Amount: \$ _____

Did your dependent file a 2020 tax return? Yes No

If yes, please provide a copy of their 2020 tax return and W-2's.

Were you (the student) claimed by your parent(s) on their tax return for the previous year? Yes No

Was your dependent claimed by anyone other than you (the student) on the 2020 tax return? Yes No

If yes, please list the name of the person and their relationship to you:

Are you currently working? Yes No If yes, what are your earnings? \$ _____ per month

Did you/will you file a 2020 Federal Tax Return (*Form 1040*)? Yes No

If no, list the name of your employer(s) and your yearly income from that/those employer(s) for 2020.

Employer: _____ Amount Earned: \$ _____

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A W-2 will need to be provided if you had earnings that were not reported on a tax return.

Verification of Benefits (Student)

Type of Benefits	Amount Per Month
<i>Unemployment</i>	
<i>Social Security Income</i>	
<i>Food Stamps (SNAP)</i>	
<i>Temporary Assistance for Needy Families (TANF)</i>	
<i>Child Support Received</i>	
<i>WorkFirst</i>	

Do you receive WIC? Yes No

I certify that all of the information reported is true and correct. Furthermore, I agree to provide copies of my US Federal Income Tax Return(s) and/or W-2's if requested. I understand that if I purposely give false or misleading information in connection with my application for Federal Aid, I may be fined, sent to prison, or both. I also understand that the information provided on this form may be used to override federal regulations regarding my dependency status. I understand that if I move back in with my parent(s) or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

Student's Signature

Date