

2017-2018 Legal Dependent Verification

Student Name: _____ Student ID#: _____

Address: _____ Phone: _____

Complete each section below and attach supporting documentation to avoid delays in receiving your financial aid.

1. Please list below the name, age, date of birth, and relationship to you of YOUR dependent(s). Dependents are individuals who you will support between July 1, 2017 and June 30, 2018 Include your children (and any unborn child if the child will be born before or during the award year) that will receive more than half their support (50%) from you. Include other people only if they now live with you, will receive more than half their support (50%) from you, and will continue to receive this support between July 1, 2017 and June 30, 2018. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and similar expenses.)

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

2. Where do the dependent(s) listed above live?

With you (student) With your parents With other person (s)

If other, please provide explanation and individual's name, Social Security Number, and address.

3. Please list all source(s) of support for dependent(s) listed in question #1. Attach documentation (copy of most recent check stub, or AFDC/TANF check; current Notice of Action form from your employer; canceled checks or other proof of child support paid; WIC program eligibility notice; Medical eligibility notice) to verify your claim of support.

If you do not provide more than half (50%) of the support for this dependent and/or do not have supporting documentation, please read and initial the following statement.

I certify I do not have a legal dependent (other than a spouse) as defined for financial aid purposes. I understand I may be required to provide parental information before my financial aid eligibility can be determined.

Return this form along with appropriate documentation to avoid delays in receiving your financial aid.

Student Signature

Date