

# Verification of Dependent Support Form

## Independent Student Verification

Student Name \_\_\_\_\_ University ID Number \_\_\_\_\_  
 (Please print) Last First Middle

When you completed the 2009-2010 FAFSA, you stated that you have one or more dependents who receive over half of their support from you. As a result, we require that you confirm this information below.

Please review these notes before submitting the information requested below.

- To count someone as your dependent for financial aid purposes, **you** must provide more than have that person's financial support.
- You may be asked to submit additional documentation of the support you provide for your dependent(s)

### Dependent Information:

If necessary, you may use the back of the form.

Name	Relationship	Age	Social Security Number	Does this person currently live with you? If no, please explain.	Will this person live with you for the entire 2009-2010 school year? If no, please explain.

### Financial Statement:

Please complete this section listing the monthly expenses incurred **for the dependent(s)** named above and how they are paid.

Expense	Monthly Amount	Who pays this expense? (name of person or agency)	What amount of the expense do YOU pay?
Housing			
Groceries (food, formula, etc.)			
Toiletries (diapers, etc.)			
Medical/Insurance			
Daycare			
Clothing & misc.			

Are you expecting a child who will be born before or during the school year who will receive more than half of his financial support from you? \_\_\_\_\_ If yes, what is the due date? \_\_\_\_\_

I certify the above information accurately reflects my household information in accordance with the guidelines stipulated by the Department of Education.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

2009-2010 Academic Year