

Office of Financial Aid
2016-2017 Proof of Dependent Support

Student Name: _____
SSN (last four digits): _____ Phone Number: _____

Your independent student status is based solely on your answer to question 53 on the 2016-2017 FAFSA, where you indicated you have a dependent (other than children or spouse) whom you support. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for him/her. Support includes, but is not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. The Office of Financial Aid will review the information provided on this form and determine if you qualify as an independent student. If you have answered this question incorrectly, you can declare a dependent status at the bottom of this form.

Dependent's Name: _____
Dependent's Relationship to You: _____ Dependent's Date of Birth: _____

Please answer the below questions in reference to the support of your dependent.

1. Are you employed? (If yes please provide a copy of most recent pay stub.) Yes No
2. Where do you (will you) live for the duration of the school year?
 By Myself With parent(s)
 With another adult: _____(name) Other _____(name)
3. What is (will be) your source of income for rent/mortgage? (check all that apply)
 Myself Parent Family member Subsidized Housing
4. Where is (will) the dependent live for the duration of the school year?
 With me With someone else: _____(name)
5. Who pays (will pay) for childcare? (if applicable) _____
How much is (will be) paid per month? _____
6. Who pays (will pay) for food for the dependent? _____
7. Do you pay for medical coverage for the dependent? Yes No
If not, who is providing the medical coverage? _____
(If you provide please provide a copy of medical card)
8. Do you receive child support for this dependent? Yes No
If yes, how much support is received per month? _____
9. Do you receive any of the following types of assistance or benefits?
 None WIC Food Stamps State Benefits TANF Other

By signing this form, I certify that all the information provided above, to the best of my knowledge, accurately describes my situation.

Student Signature: _____ Date: _____

After reviewing this form, I have determined that I **do not** provide more than half of the support for this child/dependent, therefore; I should be considered a dependent student and I will update my FAFSA to reflect this change.

Student Signature: _____ Date: _____

If there is any additional information that can help clarify this form, please attach a signed letter.