



2021-2022 PROOF OF DEPENDENT(S) FORM

This form is used to gather information for Unmarried students under the age of 24 who claim dependents on the Free Application for Federal Student Aid (FAFSA). Dependents are considered people that you will provide more than half (51%+) of their support* between July 1, 2021 and June 30, 2022. Include your children if they get more than half (51%+) of their support* from you or from specific support/benefits you receive for the children (such as child support or Social Services, etc.) Include other people only if they meet the following criteria:

- 1. They live with you, **and**
- 2. They receive more than half of their support from you (51%+), **and**
- 3. They will continue to get this support from you between July 1, 2021 and June 30, 2022.

**Support includes money, housing, food, clothes, car, medical and dental care, payment of college cost and similar expenses. You cannot count support provided by your parents.*

1. List the name and ages of your legal dependent(s) and their relationship to you, the student. **You must attach legal documentation of their relationship to you (birth certificate, legal guardianship).**

NAME	AGE	RELATIONSHIP

2. Where do the dependents named above live: (Check one answer)
 With the student in the student's apartment or house (**Attach a copy of lease or mortgage statement**)

With the student's parent(s)

Other: Please explain:

3. Who do you (the student) live with? (Check one answer)

With your parents(s)

Other: Please provide the address:

4. What child care provisions have you made for your dependent(s) while you are in class?



FINANCIAL AID SERVICES

5. Do you or your dependents currently receive any of the following benefits? (Check all that apply)

- a. TANF _____ YES (Attach documentation)
- b. Court order Child Support _____ YES (Attach documentation)
- c. Section 8 Housing _____ YES (Attach documentation)
- d. Medicaid/Private Insurance _____ YES (Attach documentation)
- e. Social Security Benefits _____ YES (Attach documentation)

6. Do you currently receive court ordered child support?

Check One: _____ YES (Attach documentation) _____ NO

7. List the current expenses and how they are paid (job, child support, federal assistance etc.) for the following:

	Your Dependent(s):	Yourself:	Income Source:
Housing.....	\$ _____	\$ _____	\$ _____
Food.....	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____
Clothing.....	\$ _____	\$ _____	\$ _____
Child Care.....	\$ _____	\$ _____	\$ _____
Medical/Dental.....	\$ _____	\$ _____	\$ _____
Transportation.....	\$ _____	\$ _____	\$ _____
Other.....	\$ _____	\$ _____	\$ _____

If you report \$0.00 in any of the above categories, include a **detailed explanation below** as to why you have indicated no expense for those categories and who pays for them.

Certification and Signature

By signing this worksheet, I certify that all the information is complete, true and correct to the best of my knowledge. I understand I may be required to provide additional information.

____ I **attest that** I will provide more than half of the support for my children between July 1, 2021 and June 30, 2022.

____ I **attest that** the dependent(s) lived with me at the time I completed the FAFSA, will continue to live with me through the end of the academic year, and that I will provide more than half of the support for the dependent(s) during this time. All information provided is complete and correct.

____ I **answered incorrectly and none of these conditions apply to me.** By checking this box, I understand that I will need to return this form to the Office of Financial Aid Services and correct my FAFSA by changing my answer to "NO" and adding parental information, as well as, parental signature within 14 days of signing this form.

Student Signature

Date