

2022-2023 VERIFICATION OF LEGAL DEPENDENTS

You reported on the FAFSA that you are independent by having a dependent who will receive more than half of their support from you during the 2022-2023 academic year.

Note: Submitting this form does not automatically make you an independent student. Your documentation will be reviewed by the Financial Aid Appeals Committee for a final decision.



A. STUDENT INFORMATION

P

| | | | |
|-----------|------------|----------------|-------------------|
| Last Name | First Name | Middle Initial | Student ID Number |
|-----------|------------|----------------|-------------------|

B. DEPENDENT INFORMATION

Please check one of the following:

- I have a child who will receive more than half of their support from me between July 1, 2022 and June 30, 2023
- I have a dependent (other than a child or spouse) who will receive more than half of their support from me through June 30, 2023

| Name of Dependent | Relationship to you | Date of Birth | Will this person live with you from 7/1/22 – 6/30/23 |
|-------------------|---------------------|---------------|--|
| | | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | / / | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please complete all questions below, the form will not be accepted if not completed in its entirety.

1. Did you claim the dependent(s) on your 2020 Federal Tax Return? YES NO
 If no, who claimed the dependent? _____ Relationship to dependent? _____
2. Did/Will you claim the dependent(s) on your 2021 Federal Tax Return? YES NO
 If no, who claimed (or will claim) the dependent? _____ Relationship to dependent? _____
3. Where do you currently live? ON-CAMPUS OFF-CAMPUS WITH PARENTS
4. Are you currently employed? YES NO
 If no, explain how you support the dependent(s): _____

5. How much did you earn (annually) in 2020? _____ in 2021? _____
6. Expected earnings for 2022? _____
7. Did you receive child support for the dependent(s) in 2021? YES NO
 If yes, how much? _____
8. Did you pay child support for the dependent(s) in 2021? YES NO
 If yes, how much? _____

C. 2021 EXPENSES

Student ID Number: P _____

Report your monthly expenses for the 2021 year and how they were paid. In column you should list:

1. Name of Person and Relationship to you of person who paid the expense or provided the item for you **OR**
2. Name of the Agency who paid the expense or provided the item for you **OR**
3. Self if you paid the expense without outside assistance

| Expense Type | Monthly Amount | Who Paid For |
|----------------|----------------|--------------|
| Housing | \$ | |
| Utilities | \$ | |
| Food | \$ | |
| Clothing | \$ | |
| Transportation | \$ | |
| Medical | \$ | |
| Personal | \$ | |
| Child Care | \$ | |
| Total: | \$ | |

D. SUPPORTING DOCUMENTATION

Submit the following documents, if applicable. These are suggested items that may help us make a determination regarding your dependency status. We reserve the right to ask for additional documentation verifying support.

- Legal court documents
- Health Insurance Card in your name for the dependent(s)
- Documentation of housing (lease/utility bill/etc) showing dependent(s) in household
- Occupancy permit including dependent(s)
- Day care provider information and documentation of payments made by you for the dependent(s)
- Documentation of TANF/WIC/SNAP or other federally subsidized programs in your name for the dependent(s)
- Documentation of child support received/paid

E. STUDENT SIGNATURE AND CERTIFICATIONS

Please select one of the following:

- I **provide** at least 51% of support for the dependent(s) listed on this form and have attached documentation of support.
- I **DO NOT provide** at least 51% of support for the dependent(s) listed on this form. I understand that I must visit fafsa.gov and update my 2021-2022 FAFSA to include my parent(s) biographical and financial information.

Student Signature: _____

Date: _____

(DO NOT PRINT OR TYPE YOUR NAME)