2014-2015 Proof of Dependent Form

Last Name _____ First Name _____ Student ID# _____

Dependency Status ☐ **Independent** ☐ **Dependent**

****If you are an Independent student, you should complete this form. If you are a dependent student this form should be completed by your parent(s).**

This form is used to explain how a student (if the student is independent) or a student's parent (if student is dependent) provides more than half (50%) support for a particular dependent listed on the 2014-2015 Verification Worksheet. Support includes, but is not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. Please do not leave any blanks.

If this form is not completed, the dependent(s) in question cannot be counted as a household member. If you have listed this person as a household member in error or you realize you do not provide more than 50% support to this person please declare this at the bottom of the form.

Dependent(s) Information:

List below information regarding dependent(s) for which you (if dependent) or your parent(s) (if independent) will provide more than half the support from July 1, 2014, through June 30, 2015. **Support can be in the form of income, housing, food, medical/dental care, childcare, state/federal programs such as WIC, TANF, SNAP, and Social Security benefits or from child support received.**

NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU	MONTHLY SOURCE OF SUPPORT
Joe Smith (example)	*32*	*Cousin*	*$800 Housing $200 Food $100 transportation $50 medical*

Where do the dependent(s) named above live?

_____ With the Student _____ With the Student's parent(s)

_____ Other (name/relationship to dependent): _____

Please list the resources of the dependent(s) in question. Resources include current or projected income or benefits of the dependent(s) for the time between July 1, 2014 and June 30, 2015:

Note: If an item does not apply to the dependent enter "0".

NAME OF DEPENDENT	ANNUAL INCOME (WAGES, BENEFITS, ETC.)	SAVINGS ACCOUNT/INVESTMENTS	OTHER	TOTAL AMOUNT
Joe Smith (example)	***Wages $100***	***$0***	***WIC***	***$100***
				$
				$
				$
				$

Please explain the living situation for the dependent(s) in question:

_____

_____

_____

_____

Certification Statement

By signing this form, I hereby swear and affirm that all information reported on this form is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will cause denial, reduction, withdrawal, and/or repayment of financial aid.

_____ _____

Student Signature (if independent) Date:

_____ _____

Parent Signature (if dependent) Date:

After reviewing this form, I have determined that I do not provide more than half of the support for the dependent(s) in question. He/she should not be considered a household member(s).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____