

2023-2024
Proof of Dependent Support Form

Please TYPE Your Responses

Student Name: _____ Student ID: _____

The Financial Aid Office has received your 2023-2024 Free Application for Federal Student Aid (FAFSA). You answered “YES” to one or more of the following questions on your FAFSA:

50. Do you now have or will you have children who will receive **more than half** of their support from you between July 1, 2023 and June 30, 2024?

51. Do you have dependents (other than your children or spouse) who **live with you** and who receive **more than half** of their support from you, now and through June 30, 2024?

You have also reported an exceptionally low amount of income on your FAFSA. This form will be used to confirm if your child(ren)/dependent(s) can be included in your household size for federal financial aid purposes. If you do not provide over half of your child(ren)/dependent(s) support, you will need to make corrections to your FAFSA (report “No” to question 50 and/or question 51) and provide your parental information (including their financial information and signature). Please upload your completed form and attach **ALL required supporting documentation** to the [Financial Aid Student Portal](#).

SECTION A: CHILDREN & OTHER DEPENDENTS

List the child(ren) and other dependent(s) who receive more than 50% of their support from you as indicated on the FAFSA. Provide a birth certificate for all children listed. For dependents (other than a child or spouse), attach proof that the dependent(s) live with you.

Name of Dependent	Date of Birth	Relationship to Student	Wh Do They Live ‡ ?	Required Supporting Documentation
				Children – attach a birth certificate
				Dependents (other than a child/spouse) – attach proof that the dependent(s) live with you (i.e., current lease)



SECTION B: SUPPORT PROVIDED

Complete the tables below to determine if you are providing more than 50% of financial support between **July 1, 2023 and June 30, 2024** for your child(ren)/dependent(s). Please attach **ALL** supporting documents for any financial support you provided or received.

INCOME RECEIVED

List your monthly income in the table below and provide supporting documentation for all income you receive. If not applicable, enter "\$0" in the blank.

Income Received	Total Amount Received Per Month	Total Amount Received Per Year	Required Supporting Documentation
Income from Work	\$	\$	Copy of most recent paystub
Child Support Received	\$	\$	Proof of child support received
Food Stamps/WIC/TANF/Medicaid/SSI/Social Security Benefits	\$	\$	Statement of assistance/benefits received
Veteran's Benefits	\$	\$	
Money received on your behalf from family or friends	\$	\$	
Other – specify type:	\$	\$	
Total Income	\$	\$	

EXPENSES PAID FOR DEPENDENTS

List your dependent's monthly expenses and the amount of their expenses you are responsible for paying. Provide supporting documentation for all expenses you pay for on your dependent's behalf. If not applicable, enter "\$0" in the blank.

Expenses Paid	Dependent(s) Total Cost Per Month	Total Amount of Dependent(s) Cost YOU Pay Per Month	Required Supporting Documentation
Housing (rent, mortgage, other)	\$	\$	Copy of lease
Food (groceries)	\$	\$	Proof of monthly payment
Utilities (water, gas, electricity)	\$	\$	
Phone/Internet/Cable	\$	\$	
Transportation Costs (gas, car note, insurance, maintenance, etc.)	\$	\$	
Child Support Paid	\$	\$	
Daycare	\$	\$	
Medical & Dental Coverage	\$	\$	
Other – specify type:	\$	\$	
Total Expenses	\$	\$	

SECTION C: SIGNATURE & CERTIFICATION

Signing below certifies that all information reported on this form is accurate and complete.

WARNING: If you purposely give false or misleading information, you may be fined and/or sentenced to jail.

Student Signature
(See signature instructions in portal)

Date