



LEGAL DEPENDENT VERIFICATION FORM

2020-2021

Student Name: _____

SSN: _____

You filed your financial aid application (FAFSA) as an independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status, it is necessary for us to verify the response. Please answer the following questions. Additional information may be requested.

What is the name, birth date and relationship of your dependent? *(List any others on back)*

Name: _____ Birth date: _____ Relationship to you: _____

Will they continue to live with you for the entire school year? YES or NO

Do you and/or your dependent(s) live with your parents? YES or NO

Who claimed you as a tax exemption in 2018? _____

Who will claim you as a tax exemption in 2019? _____

Who claimed your dependent as an exemption in 2018? _____

Who provides medical insurance for you? _____

Who provides medical insurance for your dependent? _____

List your current **monthly** income below:

Wages, salaries, tips \$ _____ Veteran's Benefits \$ _____

Unemployment \$ _____ Social Security/SSI \$ _____

Child Support \$ _____ Public Assistance (ADC/AFDC) \$ _____

Disability payments \$ _____ Worker's Comp \$ _____

Other (identify) _____ \$ _____

Please return this form to the Financial Aid Office along with a signed copy of your 2018 federal income tax return.

By signing below I certify that the above information is complete and accurate.

Student Signature

Date

Office Use Only

Initials _____

Approved _____

Denied _____ (Request parent info for FAFSA)