Student Name: _____ ID: _____

2020 – 2021 LEGAL DEPENDENT VERIFICATION FORM

INSTRUCTIONS: 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 <u>and</u> receive more than half of their support from you. Since this statement is the basis for your dependency status is it necessary for us to verify the response. Complete this form and return for processing. Be sure to attach all required documentation, additional information may be requested.

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

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

2. Will they continue to live with you for the entire school year? ❑ YES ❑ NO

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

   If no, what is your current address? _____

   Who lives at this address with you? List name, age, and relationship of each member of your household.

   _____

4. Who claimed you as a tax exemption in 2018? _____

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

   Who will claim you as a tax exemption in 2020? _____

5. Who claimed your dependent as a tax exemption in 2018? _____

   Who claimed or will claim your dependent as a tax exemption in 2019? _____

   Who will claim your dependent as a tax exemption in 2020? _____

6. Who provides medical insurance for you? _____

7. Who provides medical insurance for your dependent? _____

8. List your current **monthly** income below: **(DO NOT LEAVE ANY BLANKS, IF NONE ENTER ZERO)**

Wages, salaries, tips	$_____	Veteran's Benefits	$_____
Unemployment	$_____	Social Security/SSI	$_____
Child Support	$_____	Public Assistance (ADC/AFDC)	$_____
Disability payments	$_____	Worker's Comp	$_____
Other (identify): _____			$_____

9. **Attach a copy of your 2018 Federal 1040 Income Tax Transcript** and year 2019 if filed.

10. Statement of Certification: I certify that all of the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. *Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.*

OFFICE USE ONLY:
❑ Approved
❑ Denied
(Request parent info)

Initial: _____

_____   _____
Student Signature   Date   LEGDEP