STUDENT FINANCIAL SERVICES
2025-2026 DEPENDENT SUPPORT EVALUATION
CHILD (Student supporting a minor.)

_____ _____ (____)_____
Student's Name (Last, First) Student ID# Phone Number

This form has been requested because you have reported on your financial aid application that you provide at least 51% support for a child or legal dependent who is under 18 years old. We must verify your claim meets federal financial aid regulations. Please answer all questions carefully. **Do not leave any blanks.**

You indicated that you will provide more than half of the financial support between **July 1, 2025 and June 30, 2026** for:

NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU

1. Explain the circumstances as to why, when, and how you came to be the primary provider for this person.
   _____
   _____

2. Do you have sufficient income and/or resources to support yourself and provide more than half of your dependent's support? ❑ Yes ❑ No If no, skip remaining questions, sign and return form to Student Financial Services.

3. Do you receive TANF for this dependent? ❑ Yes ❑ No (If yes, ***attach proof*.** You may skip remaining questions).

4. Do you receive food stamps (SNAP) or WIC? ❑ Yes ❑ No

5. Sources of Income/Resources:

Report your current <u>average monthly</u> income (and spouse if married)	
Income From Work – *attach proof*	$
Unemployment Benefits – *attach proof*	$
SSI or Social Security Benefits - *attach proof*	$
Child Support Received - *attach proof*	$
Any Other Income not reported above – *specify type of income here:*	$

6. Do you receive financial assistance (such as cash support or bills in your name paid on your behalf) from family, friends or other parent of dependent? ❑ Yes ❑ No

   If yes, list person(s), type of assistance and amount per month.

   Person(s) / Relationship to You Type of Assistance Amount per month

   _____ _____ $_____

   _____ _____ $_____

_____ _____ $_____

7. Where do you live?
   - ❑ Parent(s)
   - ❑ Relative/friend
   - ❑ Significant other
   - ❑ In my own apartment/house
   - ❑ Other_____
     _

8. Does your dependent live with you? ❑ Yes ❑ No ❑ Joint Custody
   If yes, since when? _____ Will your dependent live with you **until 6/30/25?** ❑ Yes ❑ No
   month/year
   Does the dependent's parent/s live with you? ❑ Yes ❑ No

9. How is your housing paid?
   - ❑ I pay it myself $_____ for rent/mortgage per month
   - ❑ My parent pays the rent/mortgage
   - ❑ My significant other/friend/relative pays the rent/mortgage
   - ❑ Other_____
     _

10. Who claimed your dependent on a **2023** tax return? Name of Person / Relationship to you
    ❑ I did ❑ No one ❑ Other _____
11. Who will claim your dependent on a **2024** tax return? Name of Person / Relationship to you
    ❑ I will ❑ No one ❑ Other _____

12. Who provides your medical insurance? ❑ I do ❑ My Parent(s) ❑ Other _____

11. Who provides your dependent's medical insurance? ❑ I do ❑ My Parent(s) ❑ Other _____

PLEASE NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED TO DOCUMENT YOUR CLAIM.
If we determine you have a qualifying dependent, we will include your dependent in your household size and continue processing your file. If we determine you do not have a qualifying dependent, we will not include your dependent in your household size. We will notify you if additional information is required and make corrections to your FAFSA if applicable.

I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

_____
Student's Signature Date

Office Use Box

Tech: _____ Date: _____ ❒Approved ❒Denied ❒Follow-up

Notes: