



2009-2010
PROOF OF DEPENDENT(S) FORM

This form is used to gather information from unmarried students who have a discrepancy on their Institutional Student Aid Report (ISIR) between the number of exemptions reported and the household size reported.

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PLEASE list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation (e.g., Birth certificate, Legal guardianship, etc.).

Dependents are those people that you will support between July 1st of the previous year and June 30th of the current year. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

- 1. they now live with you, and
2. they now get more than half of their support from you, and
3. they will continue to get this support from you next year.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Table with 3 columns: NAME, AGE, RELATIONSHIP. Three rows of blank lines for data entry.

Where do the dependent(s) named above live?

- \_\_\_\_\_ with the student
\_\_\_\_\_ with the student's parent(s)
\_\_\_\_\_ other

If "other" is checked, please explain:

\_\_\_\_\_

What child care provisions have you made while you are attending classes?

\_\_\_\_\_

**You (the student) will live:**

\_\_\_\_\_ with your parent(s)

\_\_\_\_\_ other

**If "other" is checked, please explain:**

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**Were you (the student) claimed by your parent(s) on their tax return for the previous year?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Was one or all of your dependent(s) claimed by someone other than you (the student) on your previous year tax return?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**If yes, please list the name of the person and their relationship to you:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Please list the estimated monthly expense for the support of your dependent(s), over and above the support received through any federal programs:**

\$ \_\_\_\_\_ per month

**Please list all sources of support. You must attach supporting documents. (Examples include: copy of most recent check stub; AFDC statement or copy of check; Notice of Action Form from your caseworker with current date; cancelled checks or other proof of child support paid; WIC program eligibility notice).**

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**SIGNATURE of STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_