PROOF OF DEPENDENT(S) FORM (2014-2015)

PLEASE ANSWER ALL QUESTIONS CAREFULLY AND ATTACH SUPPORTING DOCUMENTATION.
DO NOT LEAVE ANY BLANKS. PLEASE PRINT YOUR ANSWERS.

NAME _____ SSN _____
ADDRESS _____
_____
CITY _____ STATE _____ ZIP _____

DO YOU HAVE CHILDREN WHO RECEIVE *MORE THAN HALF (50%)* OF THEIR SUPPORT FROM YOU? YES NO

1. Please list the names and age of **YOUR** dependents and their relationship to you. *You must attach legal documentation of their relationship (Birth Certificate, Legal Guardianship, etc).*
Dependents are those people that you will support between *July 1, 2014, and June 30, 2015*. Include your children if they get **MORE THAN HALF** of their total support from you. Include other people only if they meet **ALL** of the following conditions:
   a. They now live with you, AND
   b. They now get more than half of their support from you, AND
   c. They will continue to get this support from you between *July 1, 2014 and June 30, 2015.*

SUPPORT includes money, housing, food, clothes, car, medical and dental care, payment of college costs and similar expenses.

Name	Age	Relationship

CERTIFICATION

By signing this form I certify that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, my financial aid may not be processed.

_____ _____
Student Signature **Date**