



2026-2027 Proof of Dependent Support

You have indicated on your 2026-2027 Free Application for Federal Student Aid (FAFSA) that you have dependents who will receive more than half of their support from you between July 1, 2026 and June 30, 2027. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for your dependent(s). Support includes, but is not limited to the following: money spent on food, housing, clothing, health insurance, child care, transportation and other necessities. The financial aid office will review the information provided on this form to determine if you qualify.

Student's Last Name Student's First Name Student's M.I. Student's Social Security Number

Student's Address (Include City, State and Zip Code) Student's Phone Number

If you are unable to provide adequate documentation demonstrating you provide more than half of the support for your dependent, you must correct your FAFSA at www.fafsa.gov to include parent information.

1. Please list the names and ages of your dependents and their relationship to you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

2. Where are you currently living? own home with parent(s)

Other: _____

3. Where is your dependent(s) currently living? with you the student with the student's parent(s)

Other: _____

4. Do you pay child care costs for your dependent(s)? Yes No

If yes, attach proof of payment

5. Do you provide medical coverage for your dependent(s)? Yes No

If yes, provide a copy of the medical card.

If no, who provides medical coverage? _____

6. Do you receive child support for your dependent(s)? Yes \$ _____ /month No

If yes, submit supporting documentation

7. Do you pay child support for your dependent(s)? Yes \$ _____ /month No

If yes, submit supporting documentation

8. Do any of your (or dependent's) relatives provide you financial support? Yes No

If yes, who provides support and how much per month? _____

9. Do you receive any of the following types of assistance or benefits?

WIC Food Stamps TANF Medicaid Other _____ None

10. Are you currently employed? Yes No

If yes, submit a copy of your most recent pay stub.

11. Provide the following monthly household living expenses which are billed in your name:

Housing (mortgage, rent, other) \$ _____

Utilities (electricity, gas, water) \$ _____

Food \$ _____

Phone/Cable \$ _____

Transportation (insurance, car payment) \$ _____

Monthly Total \$ _____

Additional information you feel helps demonstrate you provide 50% of support for your dependent(s): _____

Certification and Signatures

I certify that all of the information reported on this worksheet is complete and correct.

Student Signature

Date

*Submit this worksheet to the financial aid administrator at your school.
You should make a copy of this worksheet for your records.*

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.