

# Legal Dependent (other than a spouse) Verification Form 2007 – 2008

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

This form allows you to request special consideration for your student status for financial aid purposes for 2007-2008. You must submit the following documentation that you have sufficient income to support yourself and your dependent(s).

## Legal Dependent Guidelines

You must provide more than 50% of your dependent(s)' financial support during 2007-2008 to consider that person your legal dependent. Submit documentation that you are providing at least half of your dependent's financial support from July 1, 2007 through June 30, 2008. Documentation should include:

- A detailed, chronological statement, which clearly explains your family situation and how you financially support your dependent(s).
- Documentation indicating who claimed the dependent(s) on their 2006 tax return.
- Documentation from your child's other parent (not you the student) indicating the amount of child support he/she paid in 2006 and whether he/she lived with and/or claimed the child on his/her 2006 tax return. Also state whether the other parent plans on living with and/or will be claiming the child on his/her 2006 tax return.
- An itemized list of your monthly income and all of your and your child's monthly expenses and a breakdown of how these expenses are being met (see reverse side).
- If you are receiving any type of benefits from the Department of Public Aid to support your dependent, you must submit documentation from the office that processes your benefits.
- Documentation of childcare cost and insurance paid for your dependent(s).

**I certify that this information is true and complete. If I cannot provide the appropriate required documentation to verify that I provide more than 50% of support for my dependent(s) they will not be included in my household size. I also understand that failure to provide documentation of more than 50% of my dependent(s) support may change my status to dependent and I will be required to provide my parent(s) income and asset information.**

\_\_\_\_\_  
Required Student Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH SIDES**

**DO NOT LEAVE BLANKS ON THIS WORKSHEET**

**Worksheet for Determining Support**

- 1. Name of person(s) you are supporting. \_\_\_\_\_
- 2. Relationship to you, the student. \_\_\_\_\_
- 3. Did the person you support live with you? \_\_\_\_\_

**Funds Belonging to You for 2007**

- 4. Income earned from 1/1/07 to current date (submit last paycheck stub). \_\_\_\_\_
- 5. Untaxed income to be received in 2007, child support, etc. (submit verification). \_\_\_\_\_
- 6. Amounts borrowed to date for 2007 (name source of loan). \_\_\_\_\_

**Other Income Received for 2007 (submit verification)**

- 7. a. Public Assistance – TANF (monthly benefits) \_\_\_\_\_
- b. WIC \_\_\_\_\_
- c. Subsidized Housing (Section 8) \_\_\_\_\_
- d. Medicaid \_\_\_\_\_
- e. Childcare Subsidy (Title XX) \_\_\_\_\_
- f. Social Security \_\_\_\_\_
- g. Total of lines 4 – 7f \_\_\_\_\_

**Expenses for Household**

- |   | <u><b>Paid by student for student<br/>and dependents</b></u> | <u><b>Paid by other(s)</b></u> |
|---|--|--------------------------------|
| 8. Rent/Mortgage paid                                   | _____  | _____                          |
| 9. Food   | _____  | _____                          |
| 10. Utilities (heat, water, etc.)                       | _____  | _____                          |
| 11. Other (please specify)                              | _____  | _____                          |
| 12. Total household expenses (add lines 8 – 11)         | _____  | _____                          |
| 13. Total number of person's who lived in the household | _____  | _____                          |

**Expenses for the Person You Supported**

- |   | <u><b>Paid by the student</b></u> | <u><b>Paid by other(s)</b></u> |
|---|-----------------------------------|--------------------------------|
| 14. Clothing                                  | _____                             | _____                          |
| 15. Education                                 | _____                             | _____                          |
| 16. Medical and Dental                        | _____                             | _____                          |
| 17. Insurance (provide documentation)         | _____                             | _____                          |
| 18. Childcare (provide documentation)         | _____                             | _____                          |
| 19. Travel                                    | _____                             | _____                          |
| 20. Other (specify)                           | _____                             | _____                          |
| 21. Total cost of support (add lines 14 – 20) | _____                             | _____                          |