

Student Name: _____

Valpo ID #: _____

Based on your FAFSA you indicated that you have a dependent child or someone else you provide more than 50% of their support. This form is used to gather information to determine whether an otherwise dependent student is independent based on the support the student provides during the academic year for a child or other dependent

STEP 1

- Please list the name(s) and age(s) of YOUR dependents and their relationship to you.
- Dependents are those people you will support **more** than 50% between July 1, 2024 and June 30, 2025. Include your children and other people only if they meet the following criteria;
 - They now live with you, **AND**
 - They now receive more than half of their financial support from you, **AND**
 - They will continue to receive this support from you through June 30th of the upcoming year.

Full Name	Age	Relationship

STEP 2: Answer all following questions based on today's date

- 1. Where are you, the student, currently living?**

By myself in my own house, apt, condo, etc.

With my parent(s)

With my child's other parent

Other: _____
- 2. Where are you, the student, planning to live while attending classes?**

By myself in my own house, apt, condo, etc.

With my parent(s)

With my child's other parent

Other: _____
- 3. Where are the dependents(s) named above currently living?**

With me, in my own house, apt, condo, etc.

With my parent(s)

With my child's other parent

Other: _____
- 4. Where are the dependents(s) named above planning to live while you, the student, attend classes?**

With me, in my own house, apt, condo, etc.

With my parent(s)

With my child's other parent

Other: _____

5. What child care provisions have been made while you (the student) is attending classes?

2024-25 Verification of Dependents

6. Were you, the student, claimed by your parent(s) on their 2022 federal tax return?

- Yes
 No

7. Was/were the dependent(s) claimed by anyone other than you, the student, on your 2022 federal tax return?

- Yes— List the name of the person(s) who claimed the dependent(s) and their relationship to you.

Name: _____ Relationship to child: _____

- No — I claimed the dependent(s). Please provide a signed copy of your 2022 federal tax return.

- My dependent was not born yet

STEP 3: Provide copies of supporting documentation for all following income and expenses.

Type of Income	Monthly Amount
Student Wages (provide most recent pay stubs covering one month)	\$
Child Support Received (whether voluntary or court ordered)	\$
Unemployment	\$
Social Security Benefits	\$
Other (Indicate type) _____	\$

****Only complete this portion if you, the student, are paying expenses out of pocket****

Monthly Household Expenses	Monthly Total
Housing Expenses (Mortgage/Rent, Insurance, Taxes)	\$
Utilities (Gas, Electric, Water, Sewer, Trash, etc)	\$
Phone	\$
Cable/Internet	\$
Total Monthly Expenses	\$

Check all sources of other benefit income you currently receive:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TANF/WorkFirst | <input type="checkbox"/> SNAP/Food Stamps |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Utilicheck | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Other (indicate type): _____ | |

Current Address: _____

How many people, including yourself live in the residence indicated above? _____

I certify all the information reported is complete and correct. The student must sign. A handwritten signature, not typed, is required:

Student Signature _____ **Date** _____