

## 2026-2027 Verification of Dependent(s) Form

When the Free Application for Federal Student Aid (FAFSA) was completed, you, the student, indicated that you are independent due to having children and/or legal dependents whom you support more than 50% as defined by the Department of Education. Please complete the information below and submit the required legal documentation. If you are unable to prove that you provide 50% of the support to your dependent, you will be considered a Dependent student and be required to correct your FAFSA using your parent's information. As a dependent student, if your parent listed having other dependents whom they support more than 50%, your parent would need to complete this form as well. We will not be able to process your aid until the documentation and form have been fully completed, received, and processed. Additional information may be requested.

	Student Ir	formation	
Student Name	<del></del>	Student ID	
A.11	G'.	Q; ,	7. 0.1
Address	City	State	Zip Code
S	tudent Depende	ent(s) Information	
Please check one of the following:			
I have, or will have, a child receive more than one-half of support from me from July 1 June 30, 2027.	of their	I have dependents, other t who will receive more that support from me from Jul 2027.	n one-half of their
List the names and ages of your documentation of their relationsh <b>NOTE:</b> Dependents are defined a 2027. Include all dependents that you.	ip to you (i.e. birth one those people who	certificates, legal guardiansh you will support between Ju	nip/court documents, etc.) uly 1, 2026 and June 30,
NAME OF DEPENDENT	AGE	RELATIONSHIP	TO STUDENT
1. Where will the dependent(s)	listed above reside l	petween July 1, 2026 and Ju	ne 30, 2027?
With the student	With	the student's parent(s) or other	r family member
With another primary careta	ker		
2. Where will you (the student)	reside between July	1, 2026 and June 30, 2027?	,
Private Residence (must proof lease agreement or bill of Other:		ith parent(s) or other family ember	On Campus

,		r parent(s) for federal tax year 2 eone else for federal tax year 20	
6. Please list below your estimate			)24? Yes 1
	Student Financial	Information	
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	ated monthly expenses you	u will incur for support of your	self and your depend
	Total Monthly Amount	Amount paid by student	Name and amour paid by other
Housing/Rent	\$	\$	\$
Utilities	\$	\$	\$
Daycare	\$	\$	\$
Food	\$	\$	\$
Transportation	\$	\$	\$
Clothing	\$	\$	\$
Health Care & Insurance	\$	\$	\$
Car Payment & Insurance	\$	\$	\$
Cell Phone	\$	\$	\$
Other:	I (t)		
	documentation such as cop	s of monthly income that you or pies of employee check stubs, A cable, etc.	\$ r your dependent(s) i
receive. Attach supporting	estimated financial sources documentation such as cop	s of monthly income that you or pies of employee check stubs, A cable, etc.	s your dependent(s) 1 AFDC payment received
receive. Attach supporting proof of child support paym  Source	estimated financial sources documentation such as corents made to you, if application Total Monthly Amoun	s of monthly income that you or pies of employee check stubs, A cable, etc.  Documentation	\$ r your dependent(s) if AFDC payment received Is document attached?
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receive. Attach supporting proof of child support paym  Source  Wages, Salaries, Tips Unemployment Benefits AFDC/TANF	estimated financial sources documentation such as copents made to you, if application application of the second se	s of monthly income that you or pies of employee check stubs, A cable, etc.  The Documentation  Most recent pay stub(s)  Statement from agency  Copy of benefits statement	s your dependent(s) a AFDC payment received Is document attached?  Yes No Yes No
receive. Attach supporting proof of child support paym  Source  Wages, Salaries, Tips  Unemployment Benefits  AFDC/TANF  Child Support	estimated financial sources documentation such as copents made to you, if applic Total Monthly Amoun \$	s of monthly income that you or pies of employee check stubs, A cable, etc.  The Documentation  Most recent pay stub(s)  Statement from agency  Copy of benefits statement  Signed/dated statement	s ryour dependent(s) in AFDC payment received attached?  Yes No Yes No Yes No
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receive. Attach supporting proof of child support paym  Source  Wages, Salaries, Tips Unemployment Benefits AFDC/TANF  Child Support Social Security Benefits Housing/Utilities Subsidies	estimated financial sources documentation such as copents made to you, if application application and the second s	s of monthly income that you or pies of employee check stubs, A cable, etc.  It Documentation  Most recent pay stub(s)  Statement from agency  Copy of benefits statement  Signed/dated statement  Statement from agency  Signed/dated statement	s your dependent(s) of AFDC payment received
receive. Attach supporting proof of child support paym  Source  Wages, Salaries, Tips Unemployment Benefits AFDC/TANF  Child Support Social Security Benefits Housing/Utilities	estimated financial sources documentation such as copents made to you, if application application of the second se	s of monthly income that you or pies of employee check stubs, A cable, etc.  The cable of the ca	s your dependent(s) in AFDC payment received attached?  Yes No Yes No Yes No Yes No Yes No