



2018-2019

VERIFY STUDENT SUPPORT OF OTHERS FORM

Student Name: _____ Student ID Number: _____

Please provide information regarding the person who you support, as claimed on the FAFSA application or verification documents.

1. Write the first and last name of the person whom you claim to support: _____

2. What is the relationship of this person to you, the student (example: brother, sister, friend, cousin, etc.)? _____

3. Was this person claimed on your **2016** Federal Tax Return? No Yes

4. Do you have a public assistance budget that includes assistance for this person? No Yes

If yes, please attach a copy of the budget sheets.

5. Did this person live with you in **2016**? No Yes

6. Does this person live with you now? No Yes

7. Will this person live with you during the 2018-2019 school year? No Yes

8. Did this person have any income in **2016**? No Yes

If yes, indicate the income \$ _____ and provide a copy of their 2016 tax return transcript.

Please indicate the amount of expenses this person has in 2016 \$ _____.

9. Indicate the total amount of income earned or received **by this person** in **2016** for each source below. **Indicate \$0 if none received.** Since we cannot assume any information, any blanks will delay processing your financial aid.

Income from work: \$ _____

Welfare/AFDC/TANF: \$ _____

Untaxed Pension Amount: \$ _____

Social Security Benefits (including SSI or SSD): \$ _____

Workers Compensation: \$ _____

Child Support Received (for the person): \$ _____

Other (Please in detail): \$ _____

Net Worth of Savings or Investments for this person: \$ _____

10. Indicate the total amount of support you provided this person in 2016 for each listed below. Please estimate these amounts.

Housing: \$ _____

Food: \$ _____

Health Insurance and Medical Expenses: \$ _____

Personal Items: \$ _____

Other items you provide (*list here*): _____ \$ _____

Does anyone else provide any means of support for this person?

If yes, please explain and give a dollar amount: _____ \$ _____

Student Signature _____

Date _____