

**17DFS
Dependents Financial Support
Verification Form**



Student Name: _____

Student ID#: A _____

Instructions:

Complete this form for dependents, other than your children or spouse, listed in your household on your **2016-2017 FAFSA**. The following information should only be provided for dependents, other than your children or spouse, who live with you and who will receive more than half of their support from you now and through **June 30, 2017**. Submit additional copies of this form as necessary.

Section I: Dependent Information

Dependent's Monthly Income:	Name of Dependent?	Name of Dependent?
Income from work	\$	\$
<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> TANF	\$	\$
<input type="checkbox"/> Free or Reduced Price Lunch	\$	\$
Social Security Benefits <input type="checkbox"/> SSA <input type="checkbox"/> SSI	\$	\$
Other: _____	\$	\$
Other: _____	\$	\$
Dependent's Monthly Expenses You Provide:		
Housing, such as rent, mortgage, etc.	\$	\$
Utilities e.g. electricity, gas, water / sewer, phones, etc.	\$	\$
Transportation e.g. gas, bus fare, car payment, insurance, etc.	\$	\$
Food, groceries, eating out, etc.	\$	\$
Medical, dental, etc.	\$	\$
Child care	\$	\$
Cash, credit card payments, loans, etc.	\$	\$
Personal items, toiletries, clothes, etc.	\$	\$
Other: _____	\$	\$

Section II: Comments

Please explain why this person lives with you and / or the reason you support them.

Section III: Certification

I hereby certify that all the information contained in this document is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that I may be fined, sentenced to jail or both if I am found to have knowingly or intentionally given false, fraudulent or misleading information.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____