



**18DFS**  
**Dependents Financial Support Verification Form**  
**Financial Aid Office**

Student Name: \_\_\_\_\_

Student ID#: A \_\_\_\_\_

**Instructions:**

*Complete this form for dependents, other than your children or spouse, listed in your household on your 2017-2018 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, 2018**. Submit additional copies of this form as necessary.*

**Section I: Dependent Information**

Dependent's Current 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"/> Medicaid	\$	\$
<input type="checkbox"/> Free or Reduced Price Lunch	\$	\$
Social Security Benefits <input type="checkbox"/> SSA <input type="checkbox"/> SSI	\$	\$
Other: _____	\$	\$
Other: _____	\$	\$
<b>Dependent's Monthly Expenses You Provide:</b>		
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.

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**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: \_\_\_\_\_