



## FINANCIAL AID OFFICE

### 2018-2019 Proof of Dependent Support (child)

Student ID#\*

Student Name (Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

Your independent student status is based solely on your answer to questions 51 on the 2018-2019 FAFSA, where you indicated you have a child whom you support. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for him/her. Support includes, but is not limited to the following: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. The Financial Aid Office will review the information provided on this form and determine if you qualify as an independent student. If you have answered this question incorrectly, you can declare a dependent status at the bottom of this form.

Dependent's Name \_\_\_\_\_

Dependent's Relationship to You: \_\_\_\_\_ Dependent's Date of Birth \_\_\_\_\_

#### Please answer the below questions in reference to the support of your dependent.

1. Are you employed? (If yes please provide a copy of most recent pay stub.) ☐ Yes ☐ No
2. Where do you (will you) live for the duration of the school year?  
☐ By Myself ☐ With parent(s)  
☐ With another adult: \_\_\_\_\_ (name) ☐ Other \_\_\_\_\_ (name)
3. What is (will be) your source of income for rent/mortgage? (check all that apply)  
☐ Myself ☐ Parent ☐ Family member ☐ Subsidized Housing
4. Where is (will) the dependent live for the duration of the school year?  
☐ With me ☐ With someone else: \_\_\_\_\_ (name)
5. Who pays (or will pay) for childcare? (if applicable) \_\_\_\_\_  
How much is (or will be) paid per month? \_\_\_\_\_
6. Who pays (or will pay) for food for the dependent? \_\_\_\_\_
7. Do you pay for medical coverage for the dependent? ☐ Yes ☐ No
8. If not, who is providing the medical coverage? \_\_\_\_\_  
(If you provide medical coverage, please provide a copy of medical card)
9. Do you receive child support for this dependent? ☐ Yes ☐ No  
If yes, how much support is received per month? \_\_\_\_\_
10. Do you receive any of the following types of assistance or benefits?  
☐ None ☐ WIC ☐ Food Stamps ☐ State Benefits ☐ TANF ☐ Other

By signing this form, I certify that all the information provided above, to the best of my knowledge, accurately describes my situation. **If there is any additional information that can help clarify this form, please attach a signed letter.**

☐ After reviewing this form, I have determined that I **do not** provide more than half of the support for this child/dependent, therefore; I should be considered a dependent student and I will update my FAFSA to reflect this change.

\_\_\_\_\_  
Student Signature (HANDWRITTEN, not typed)

\_\_\_\_\_  
Date

*This form contains personally identifiable information.  
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