



## FINANCIAL AID OFFICE

### 2018-2019 Proof of Dependent Support

Student ID#\*

Student Name (Last Name, First Name)

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

Dependency Status: ☐ Independent ☐ Dependent

**\*If you are an Independent student, you should complete this form. If you are a dependent student this form should be completed by your parent(s).**

This form is used to explain how a student (if the student is independent) or a student's parent (if student is dependent) provides more than half (50%) support for a particular dependent listed on the 2018-2019 Household Worksheet. Support includes, but it not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. Please do not leave any blanks. **If this form is not completed, the dependent in question cannot be counted as a household member. If you have listed this person as a household member in error or you realize you do not provide more than 50% support to this person please declare this at the bottom of the form.**

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

#### Part I:

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

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

#### Part II:

Please list the resources of the dependent in question. Resources include current or projected income or benefits of the dependent for the time between July 1, 2018 and June 30, 2019:

Annual income (wages, benefits, etc.)	\$ _____
Savings Account/Investments	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

Food Stamps, TANF, etc. \_\_\_ YES \_\_\_ NO

If YES, list the type of resource and the monthly amount \$ \_\_\_\_\_

#### Part III:

Please explain the living situation for the dependent in question:

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#### Part IV:

Please explain your source of support to this person from July 1, 2018 through June 30, 2019. (This may include job compensation, child support, TANF, Food Stamps, Social Security benefits, etc.)

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*This form contains personally identifiable information.*  
Financial Aid Office 2 College Hill Westminster, MD 21157  
410.857.2233 (Voice) | 410.386.4608 (fax)

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**PART V:** Please provide a list of average monthly expenses for the dependent in question

Expenses	Amount
HOUSING	\$
FOOD	\$
UTILITIES	\$
MEDICAL COSTS	\$
TRANSPORTATION	\$
CLOTHING	\$
DAYCARE	\$
ITGER (Explain)	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$

**Part VI:**

Please provide the name and relationship of any other persons who provide support for the dependent in question:

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

Relationship: \_\_\_\_\_

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

**Signature:**

By signing this form, I hereby swear and affirm that all information reported on this form is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will cause denial, reduction, withdrawal, and/or repayment of financial aid.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent, HANDWRITTEN, not typed)

\_\_\_\_\_  
Date

After reviewing this form, I have determined that I **do not** provide more than half of the support for this child/dependent in question. He/she should not be considered a household member.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent, HANDWRITTEN, not typed)

\_\_\_\_\_  
Date

**If there is any additional information that can help clarify this form, please attach a signed letter.**

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