



## 2023-2024 PROOF OF DEPENDENT SUPPORT

**INSTRUCTIONS:**  
**Upon review of this form, \*\*dependents listed as part of your household may or may not be included.**  
 Fill out this form in its entirety only if you indicated on the Verification Worksheet that you and/or your parent(s) are providing at least half support for this person.

### A. STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### B. ADDITIONAL DEPENDENT(S) \*Use one form per dependent you support.

Dependent's Name \_\_\_\_\_ Relationship to you/your parent(s) \_\_\_\_\_

1. Reason that this person lives with you/your parent(s)\*\* and why you/your parent(s)\*\* are supporting them:

\_\_\_\_\_

2. Does this person have any income? \_\_\_\_\_ Yes \_\_\_ No

3. Did this person file a **2021** Federal Income Tax Return? \_\_\_ Yes \_\_\_ No  
 (If yes, attach a copy of their IRS Tax Return Transcript)

Type of Income	Monthly Amount
Wages	\$
Social Security	\$
Retirement	\$
TANF Benefits	\$
Disability	\$
Other	\$

4. Amount paid (value) for support you and/or your parent(s) \*\*provide for the specified person above.

Type of Support	Monthly Amount
Rent	\$
Car Insurance	\$
Car Payment	\$
Utilities	\$
Clothing	\$
Food	\$

Student \_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**\*\*Parent information is required for dependent students only. Independent students should only report their own information.**