

Dependency Support Verification 2024-2025



Name _____ Student ID _____

Address _____

Phone _____ E-mail _____

You indicated that you have a child who will receive more than half of their financial support from you from July 1, 2024 – June 30, 2025. Complete and return this form to our office with the required supporting documentation as requested.

If you are unable to provide sufficient documentation to support your independent status, you are considered a dependent student and must add parent information to the 2024-2025 FAFSA.

	Yes	No	Required Supporting Documentation
Are you the custodial parent?	<input type="checkbox"/>	<input type="checkbox"/>	Either answer: A copy of your child's official birth certificate No: A signed statement from the custodial parent affirming your contribution of more than half of your child's financial support
Did you claim your child as an dependent on your 2023 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A signed copy of your 2023 federal tax return and Schedules 1, 2, and 3 No: Who will claim your child as a dependent for 2023? _____
Will you claim your child as an dependent on your 2024 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A signed copy of your 2024 federal tax return and Schedules 1, 2, and 3 No: Who will claim your child as a dependent for 2024? _____
Does your child live with you?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A copy of your lease agreement. If you do not have a lease, explain your living arrangements and how you pay the cost of housing and utilities. No: With whom does your child live? _____
Are you and/or your child living with your parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A notarized statement from your parent(s) indicating whether or not you pay rent and utilities (include the amounts), and whether or not your parent(s) will provide more than half of your child's financial support through June 30, 2025
Will your child's other parent be enrolled in college in 2024-2025?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Name of college: _____ Did this person include your child in their FAFSA household size? Yes [] No []
Do you pay for child care?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Documentation of your payments to a child care provider or center No: Who pays for child care? _____
Are you providing medical insurance for your child?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A copy of your child's medical insurance card No: Who is providing medical coverage? _____
Do you receive child support?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: How much did you receive in: 2023? \$ _____ 2024 \$ _____ 2025 \$ _____ (est.)
Do you pay child support?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: How much did you pay in: 2023? \$ _____ 2024 \$ _____ 2025 \$ _____ (est.)
Is anyone else providing financial support or assistance for your child?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Provide the type of assistance and the amount: Name: _____ Type: _____ \$ _____ Name: _____ Type: _____ \$ _____
Are you receiving any other benefits, financial support, or assistance for your child (WIC, SNAP, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Provide the type of assistance and the amount: Type: _____ \$ _____ Type: _____ \$ _____
Are you employed?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Document your 2023, 2024 and 2025 income earned to date with copies of tax returns, W-2's or paystubs. No: Attach statement explaining how you support yourself. _____

I have attached all supporting documents and certify that the information submitted is accurate and true to the best of my knowledge. I understand that submitting this form and documentation does not guarantee approval of my independent status.

Student Signature _____ Date _____