

Dependency Support Verification 2026-2027



Name _____ Student ID _____

Phone _____ Email _____

You indicated you have a child who will receive more than half of their financial support from you from July 1, 2026 – June 30, 2027. Complete and return this form to our office with supporting documentation as requested. If you are unable to provide sufficient documentation to support your independent status, you will be considered a dependent student and required to add a parent contributor to the 2026-2027 FAFSA.

	Yes	No	Required Supporting Documentation
Are you the custodial parent?	<input type="checkbox"/>	<input type="checkbox"/>	Either answer: Copy of your child's official birth certificate No: 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 a dependent on your 2024 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Signed copy of your 2024 federal tax return (and Schedules 1 and 3) No: Who claimed your child as a dependent in 2024? _____
Did you claim your child as a dependent on your 2025 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Signed copy of your 2025 federal tax return (and Schedules 1 and 3) No: Who claimed your child as a dependent in 2025? _____
Will you claim your child as an dependent on your 2026 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	No: Who will claim your child as a dependent in 2026? _____
Does your child live with you?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: 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: 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, 2027
Will your child's other parent be enrolled in college in 2026-2027?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Name of college: _____ Did this person include your child in their FAFSA family 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: 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/will you receive in: 2025 \$ _____ 2026 \$ _____ 2027 \$ _____
Do you pay child support?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: How much did you pay in: 2025 \$ _____ 2026 \$ _____ 2027 \$ _____
Is anyone else providing financial support or assistance for your child?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Source of assistance and 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: Source of assistance and amount: Source: _____ \$ _____ Source: _____ \$ _____
Are you employed?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Document your 2025, 2026 and 2027 income earned to date with copies of tax returns, W-2s, or paystubs. No: Attach statement explaining how you support yourself and your child(ren). _____

Student Signature _____ Date _____

TYPED SIGNATURES ARE NOT ACCEPTED