

Dependency Support Verification 2020-2021



Name _____ Student ID _____

Address _____

Phone _____ E-mail _____

You indicated that you have or will have a child who will receive more than half of their financial support from you from July 1, 2020 – June 30, 2021. 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 2020-2021 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
Are you expecting a child during the 2020-2021 academic year?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A statement from a medical care provider with the expected date of birth AND a signed statement from you affirming your intent and ability to provide more than half of your child's financial support.
Will you claim your child as an exemption on your 2019 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A signed copy of your 2019 federal tax return
Will you claim your child as an exemption on your 2020 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: A signed copy of your 2020 federal tax return
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.
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, 2021
Do you pay for child care?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: Documentation of your payments to a child care provider or center
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: 2019? \$ _____ 2020 \$ _____ 2021 \$ _____ (est.)
Do you pay child support?	<input type="checkbox"/>	<input type="checkbox"/>	Yes: How much did you pay in: 2019? \$ _____ 2020 \$ _____ 2021 \$ _____ (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 2019, 2020 and 2021 income earned to date.

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 _____