

# 2009-2010 LEGAL DEPENDENT VERIFICATION FORM



Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

You filed your financial aid application (FAFSA) as an independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status is it necessary for us to verify the response. Please answer the following questions. Additional information may be requested.

What is the name, birth date and relationship of your dependent? *(List any others on back)*

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Will your dependent continue to live with you for the entire school year? YES or NO

Do you and/or your dependent(s) live with your parents? YES or NO

Who claimed you as a tax exemption in 2008? \_\_\_\_\_

Who will claim you as a tax exemption in 2009? \_\_\_\_\_

Who claimed your dependent as an exemption in 2008? \_\_\_\_\_

Who provides medical insurance for you? \_\_\_\_\_

Who provides medical insurance for your dependent? \_\_\_\_\_

List your current **monthly** income below:

Wages, salaries, tips	\$ _____	Veteran's Benefits	\$ _____
Unemployment	\$ _____	Social Security/SSI	\$ _____
Child Support	\$ _____	Public Assistance	\$ _____
Worker's Comp	\$ _____		
Other _____			\$ _____

By signing below, I certify that the information provided is accurate and complete. If it is determined you do not provide 50% of your children's support, you will be required to provide your parents information before your financial aid will be processed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date