



NAME: _____
ID#: _____

FAC19PDF

2019/2020 PROOF OF DEPENDENT(S) FORM

Student's Address _____
Parent Name _____ SS# _____
Parent Address _____

This form is used to gather information from unmarried students who are under the age of 24 who claim to have dependents or in other situations when necessary. Please note that completion of this form does not guarantee your intended results. You may be required to have your parents complete the FAFSA or may not be eligible to include the person in your household size. Please answer all questions carefully and attach supporting documentation.

- 1. Please list the names and ages of your dependents and their relationship to you. YOU MUST PROVIDE LEGAL DOCUMENTATION OF THEIR RELATIONSHIP TO YOU (BIRTH CERTIFICATE, LEGAL GUARDIANSHIP, ETC)

Dependents are those people for whom you will provide more than half of their support from July 1, 2019 through June 30, 2020. Include other people only if they meet all of the following criteria:

- a. they now live with you, and
b. they now get more than half of their support from you, and
c. they will continue to get this support from you between 07/01/19 and 06/30/20

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Table with 4 columns: Name, Last 4 digits of SS#, Age, Relationship. Includes two rows of blank lines for data entry.

- 2. Who is the legal custodial parent of the dependent? _____
3. Do you PAY child support for support of this child? _____
4. Do you RECEIVE child support for support of this child? _____
5. Where do you live?
[] With parent(s)
[] In your own apartment YOU MUST PROVIDE COPY OF YOUR LEASE
[] Other - please explain _____
6. Does the dependent live with you?
[] Yes
[] No - if no, with whom does the dependent live? _____



WORCESTER
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UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

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7. Were you claimed by your parent(s) on their 2017 tax return? **YOU MUST PROVIDE PAGE 1 OF YOUR PARENT'S 2017 IRS TAX RETURN**
[] Yes
[] No – if no, who claimed you? _____

8. Was the dependent claimed by your parent(s) on their 2017 tax return? **YOU MUST PROVIDE PAGE 1 OF YOUR PARENT'S 2017 IRS TAX RETURN**
[] Yes
[] No – if no, who claimed your dependent? _____

9. Who did/will claim you in 2018? _____

10. Who did/will claim the dependent in 2018? _____

11. Who did/will claim you in 2019? _____

Who did/will claim the dependent in 2019? _____

12. List all sources and amounts of **current monthly** income that you use to support you and your dependent:

- \$ _____ Income earned from work
- \$ _____ Child Support
- \$ _____ TANF Benefits (Temporary Assistance for Needy Families)
- \$ _____ Other – please explain _____

13. Please list the estimated monthly expense for the support of your dependent(s)

\$ _____ per month.

Please list your child's monthly expenses:

Check off that you have attached a copy of the following:

- [] **LEGAL DOCUMENTATION OF YOUR DEPENDENT'S RELATIONSHIP TO YOU**
- [] **COPY OF LEASE IF YOU LIVE IN YOUR OWN APARTMENT**
- [] **STUDENT'S 2017 IRS TAX RETURN**
- [] **PARENT'S 2017 IRS TAX RETURN**

I certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____