

## 2023-2024 Proof of Dependents Form

Please read each section carefully and answer ALL questions completely. Also, attach supporting documentation. <a href="https://documentation.gov/not-leave-any-blanks">DO NOT LEAVE ANY BLANKS</a>

A. Student Inform	mation (Please Print)		
Last name	First name	M.I.	Student's Social Security Number*required
Address (include apt.	. #)		Date of birth
City	State	Zip Code	Phone number (include area code)
			Student Email
<b>B. Family Inform</b>	nation		
Dependents are if they get more  A. they now leads they get me C. they will consumpt to the construction of the construction o	e those people that you we than half of their supplied with you, and ore than half of their supportance to get this supportance, housing, food, closes	vill support between Ju port from you. Include oport from you, and ort from you between Ju othes, car, medical and	egal Guardianship, etc). uly 1, 2023 and June 30, 2024. Include your children e other people only if they meet the following criteria uly 1, 2023 and June 30, 2024.  dental care, payment of college, and similar
below as dependen	_	on such as receipts to su	ubstantiate your claim of support for the persons liste
Name	A	ge	Relationship
1. Where do the o	dependent(s) named above student	ve live? th the student's parent(s	(s) Other
If Other is checked	l, please explain:		
2. What childcare	e provisions have you ma	ade for while you are in	n class?
3. You the studen ☐ With your		her	
If Other, please exp	olain:		

4.	Yes  No				
5.	Was your dependent claimed by anyone other than you (the student) on the 2021 federal tax return?  ☐ Yes ☐ No				
6.			pporting documents (e.g., copies of most recent pay port received, WIC program eligibility notice).		
Pai	rent Section	Parents who are claiming dependents other	than their own child(ren)		
7.		names and ages of YOUR dependents and the of their relationship (e.g., Birth Certificate, I	eir relationship to you. You must attach legal Legal Guardianship, etc).		
	-	·	July 1, 2023 and June 30, 2024. Include your children de other people only if they meet the following criteria:		
	B. they go	ow live with you, and et more than half of their support from you, a ill continue to get this support from you betw			
exp		st provide documentation such as receipts to	nd dental care, payment of college, and similar substantiate your claim of support for the persons listed		
N	ame	Age	Relationship		
	1. Please pro	vide a written statement detailing how it is th	nat you provide over 50% of their support.		

Submit this worksheet to the Office of Financial Aid