



# 2015-2016 Proof of Other Legal Dependent(s)

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

You have indicated on the FAFSA that you have a legal dependent/s ***other than your spouse or child*** that you provide more than half support. In order to count someone as a dependent, the support already given plus future support must be **more than 50% from July 1, 2015 through June 30, 2016**. Please provide all documentation showing that you provide at least half support for your legal dependent. You must provide sufficient documentation to prove support for your legal dependent.

Name of dependent	Age	Relationship To Student	Indicate the date he/she began living with you	Other Sources of income for dependent (Child Support, WIC, TNAF, SSI, Medicare etc.)

**Support** for your dependent(s) includes housing, food, clothing, medical & dental care, childcare, money, gifts, etc. that you provide.

**Resources** that enable you to provide the support can include earnings you receive from work or in-kind support (housing/food in exchange for work), assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families, and food stamps).

### Certification:

**Attach ALL of the following documentation:**

- Written statement detailing why person(s) listed above are dependent on you please include:
  - Who claims the child or legal dependent on federal taxes?
  - Who pays (or will pay) for childcare? (if applicable)
  - Who pays (or will pay) for food?
  - Who pays (or will pay) for medical needs?
  - If your Dependent is over 24 years old, they must provide a written and signed statement regarding your contribution of more than 50% of his/her support.
- Documentation of dependent person(s) income and/or benefits from all sources
- Documentation of benefit(s) you are providing
- I am unable to provide any documentation and have provided a written explanation as to why

**Failure to submit all documentation will result in a correction to your FAFSA to remove Legal Dependent information.**

By signing this information request, I certify that all information is complete and correct. If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both.

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

\_\_\_\_\_  
Date

**You must submit all required documentation in order for your proof of support to be reviewed**