

Financial Aid • One Hop Shop

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Student Name: _____ ID: _____

2023 – 2024 LEGAL DEPENDENT VERIFICATION FORM

INSTRUCTIONS: 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 dependency status is it necessary for us to verify the response. Complete this form and return for processing. Be sure to attach all required documentation, additional information may be requested. **DO NOT LEAVE ANY BLANKS**

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

Name: _____ Birth date: _____ Relationship to you: _____

2. Will they continue to live with you for the entire school year? YES NO
3. Do you and/or your dependent(s) live with your parents? YES NO

If no, what is your current address? _____

Who lives at this address with you? List name, age, and relationship of each member of your household.

4. Who claimed you as a tax exemption in 2021? _____

Who claimed or will claim you as a tax exemption in 2022? _____

Who will claim you as a tax exemption in 2023? _____

5. Who claimed your dependent as a tax exemption in 2021? _____

Who claimed or will claim your dependent as a tax exemption in 2022? _____

Who will claim your dependent as a tax exemption in 2023? _____

6. Who provides medical insurance for you? _____

7. Who provides medical insurance for your dependent? _____

8. List your current **monthly** income below: **(DO NOT LEAVE ANY BLANKS, IF NONE ENTER ZERO)**

Wages, salaries, tips \$ _____ Veteran's Benefits \$ _____

Unemployment \$ _____ Social Security/SSI \$ _____

Child Support \$ _____ Public Assistance (ADC/AFDC) \$ _____

Disability payments \$ _____ Worker's Comp \$ _____

Other (identify): _____ \$ _____

9. **Attach a copy of your 2021 Federal 1040 Income Tax Transcript if filed.**

10. Statement of Certification: I certify that all of the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. *Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.*

OFFICE USE ONLY:

- Approved
 Denied
(Request parent info)

Initial: _____

Student Signature

Date

LEGDEP