



PROOF OF DEPENDENT(S) FORM (2016-2017)

Please answer all questions carefully and attach supporting documentation.

Do not leave any blanks. Please print your answers

Name _____ SSN _____

Address _____

City _____ State _____ ZIP _____

Do you have children who receive more than half (50%) of their support from you?

YES NO

Please list the names and age of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship (Birth Certificate, Legal Guardianship, etc).

Dependents are those people that you will support between July 1, 2016, and June 30, 2017. Include your children if they get **MORE THAN HALF** of their total support from you. Include other people only if they meet ALL of the following conditions:

- 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 July 1, 2016 and June 30, 2017.

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

Name	Age	Relationship

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CERTIFICATION

By signing this form I certify that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, my financial aid may not be processed.

Student Signature

Date

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