



2016-2017

VERIFY PARENT SUPPORT OF OTHERS FORM

Student Name: Student ID Number:

Please provide information regarding the person who your parent(s) support, as claimed on the FAFSA application or verification documents.

- 1. Write the First and Last Name of the person whom you claim to have your parent(s)' support::
2. What is the relationship of this person to student (example: brother, sister, friend, cousin, etc.)?
3. Was this person claimed on your parent(s) 2015 Federal Tax Return?
4. Do your parent(s) have a public assistance budget that includes assistance for this person?
5. Did this person live with your parent(s) in 2015?
6. Does this person live your parent(s) now?
7. Will this person live with your parent(s) during the 2016-2017 school year?
8. Did this person have any income in 2015?
If yes, indicate the income \$ and provide a copy of their 2015 tax return transcript.
Please indicate the amount of expenses this person has in 2015 \$.

- 9. Indicate the total amount of income earned or received income by this person in 2015 for each source below.
Indicate \$0 if none received. Since we cannot assume any information, any blanks will delay processing your financial aid.
Income from work:
Welfare/AFDC/TANF:
Untaxed Pension Amount:
Social Security Benefits (including SSI or SSD):
Workers Compensation:
Child Support Received (for the person):
Other (Please in detail):
Net Worth of Savings or Investments for this person:

- 10. Indicate the total amount of support your parent(s) provided this person in 2015 for each listed below. Please estimate these amounts.
Housing:
Food:
Health Insurance and Medical Expenses:
Personal Items:
Other items your provide (list here):
Does anyone else provide any means of support for this person?
If yes, please explain and give a dollar amount:

Student's Signature Date

Parent's Signature Date