VERIFY STUDENT SUPPORT OF OTHERS FORM

Student Name:__________________________________________ Student ID Number:______________________________

Please provide information regarding the person who you support, as claimed on the FAFSA application or verification documents.

1. Write the First and Last Name of the person whom you claim to support:______________________________________
2. What is the relationship of this person to student (example: brother, sister, friend, cousin, etc.)?__________________
3. Was this person claimed on your 2015 Federal Tax Return?  
   - No  
   - Yes
4. Do you have a public assistance budget that includes assistance for this person?  
   - No  
   - Yes  
   If yes, please attach a copy of the budget sheets.
5. Did this person live with you in 2015?  
   - No  
   - Yes
6. Does this person live with you now?  
   - No  
   - Yes
7. Will this person live with you during the 2016-2017 school year?  
   - No  
   - Yes
8. Did this person have any income in 2015?  
   - No  
   - Yes  
   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 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 you 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