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 ___________________________

FORM ID: F17SSO REV:01.20.16