**2015-2016 Verify Parent Support of Others Form**

Student’s Name:_____________________________________________                      Student ID Number:____________________

Please provide information regarding the person whom 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)’ 2014 Federal Tax Return?  □ No  □ Yes

4. Do your parent(s)’ 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 your parent(s) in 2014? □ No  □ Yes

6. Does this person live with your parent(s) now? □ No  □ Yes

7. Will this person live with your parent(s) during the 2015-2016 school year? □ No  □ Yes

8. Did this person have any income in 2014? □ No  □ Yes
   If yes, indicate the amount of income $_________________ and provide a copy of their 2014 tax return transcript.

   Please indicate the amount expenses this person has in 2014 $_________________.

9. Indicate the total amount of income earned or received by this person in 2014 for each source listed below. Indicate $0 if none received. Since we cannot assume any information, any banks will delay processing of your financial aid.
   - Income from work: $_________________
   - Welfare/AFDC/TANF: $_________________
   - Untaxed Pension Amount: $_________________
   - Social Security Benefits (Including SSI or SSD): $_________________
   - Worker Compensation: $_________________
   - Child Support Received (for the person): $_________________
   - Other (Please detail): $_________________
   - Net Worth of Savings or Investments for this person: $_________________

10. Indicate the total amount of support you provided for this person in 2014 for each item listed below. Please estimate these amounts.
    - Housing: $_________________
    - Food: $_________________
    - Health Insurance and Medical Expenses: $_________________
    - Personal Items: $_________________
    - Other items you provide: $_________________
    - Please list items: __________________________
    - Does anyone else provide any means of support for this person: □ No  □ Yes
    - If yes, please explain and give the dollar amount: $_________________

Student’s Signature ___________________________________ Date __________

Parent’s Signature ___________________________________ Date __________

**Form ID: F16VSO**

***Please explain supporting details on a separate form.***