

## 2016-2017 Proof of Other Legal Dependent(s)

Student's Name:			Student ID Number:		
You have indicated on the FAFSA provide more than half support. I future support must be <b>more tha</b> documentation showing that you sufficient documentation to prove	n order to on the following th	count someone as I <b>July 1, 2016 thro</b> least half support	a dependent, the suppo ough June 30, 2017. Plea for your legal depender	ort already given plus ase provide all	
Name of dependent	Age	Relationship To Student	Indicate the date he/she began living with you	Other Sources of income for dependent (Child Support, WIC, TNAF, SSI, Medicare etc.)	
<ul> <li>Who claims the</li> <li>Who pays (or w</li> <li>Who pays (or w</li> <li>If your Depend regarding your</li> <li>Documentation of dep</li> <li>Documentation of ben</li> </ul>	e for work), amilies, and nentation: ailing why perchild or leg will pay) for will pay) for ent is over a contribution endent perefit(s) you a	assistance you re I food stamps). Derson(s) listed ab gal dependent on childcare? (if appl food? medical needs? 24 years old, they n of more than 50 son(s) income and	ceive from other agencie bove are dependent on y federal taxes?	es (such as Medicaid, rou please include: and signed statement urces	
Failure to submit all documentation	on will resu	lt in a correction	to your FAFSA to remov	e Legal Dependent	
information.  By signing this information request false or misleading information on	•		•		
Student Signature		Date			

You must submit all required documentation in order for your proof of support to be reviewed