

GRAND VIEW UNIVERSITY

Financial Aid Office

2017-2018 Verification of Support of Dependents

Name: _____

ID #: _____

Date: _____

Please complete the following questions regarding your child/children. This information is needed to make a determination of your dependency status. **Please note that over half of your child's support must come from you or from outside agencies to claim them as a dependent on the FAFSA.** Monies paid on your behalf from Grandparents and/or other relatives/friends are **not** considered support directly from you for the child/children.

1. Name(s), ages(s) and address(es) of your child/children.

NAME	ADDRESS	DATE OF BIRTH
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

2. Name and address of:

Child's Mother _____	Child's Father _____
Address _____	Address _____
_____	_____

3. Where will the child/children live during the 2017-2018 academic year?

a. With you ____ b. With other parent ____ c. With grandparents ____ d. With others ____

If you checked "With others," please identify them:

Name _____
Address _____
Relationship to _____
child/children

4. Where will you live during the 2017-2018 academic year? _____

5. Will anyone be living with you besides your child? No _____ Yes _____

If so, please explain below who you will be living with, their relationship to you and whether you'll be splitting the rent, utilities, etc.

PLEASE COMPLETE REVERSE SIDE

6. Please provide us with the breakdown and amount of rent, utilities, etc. that YOU pay each month (after splitting with a roommate, etc.)

Rent _____ Water _____ Other _____
Electric/Gas _____ Phone _____ Other _____

7. Who claimed the child/children on his/her tax form for 2015 (or 2016 if born after 01/01/2016)?

Name _____ Relationship to the child/children _____

8. Will the other parent of the child/children be attending college during the 2017-2018 academic year?

No _____ Yes _____ Name of college _____

9. What was the total income of the child's mother in 2016? _____

What is the total expected income of the child's mother for 2017? _____

What was the total income of the child's father in 2016? _____

What is the total expected income of the child's father for 2017? _____

10. List the total monthly expenditures for the child. Also, list whether it is provided by you, the other parent, grandparent(s) or an outside agency.

	Monthly Amount	Provided by
Food		
Clothing		
Housing		
Diapers		
Other Supplies		
Insurance		
Medical Expenses		
Child Care		
Toys		
Other		

11. I (the student) provide \$_____ per month in support for the child/children.

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

Signature _____

Date _____