



OFFICE OF FINANCIAL AID

2020-2021 Dependent Support

Name: _____

You reported that you have a child whom you support. In order for your child to count towards your independent

Please answer the following questions with as much detail as possible.

How is your child covered for medical insurance? <u>Please provide a copy of the child's insurance card.</u>	
If the child is listed as a dependent on another person's insurance, please list the relationship of that person to the child.	
What is your current employment status?	
What is your monthly income from employment?	
Do you receive child support?	<input type="checkbox"/> Yes (\$_____/month) <input type="checkbox"/> No
Who claimed your child for the 2018 tax year?	
If it is not yourself, please identify the person who claimed your child and the relationship to the child.	
Who will claim your child for the 2019 tax year?	
If it is not yourself, please identify the person who will claim your child and the relationship to the child.	
With whom do you and the child reside?	<input type="checkbox"/> Your Parent(s) <input type="checkbox"/> Significant Other <input type="checkbox"/> Alone (with child) <input type="checkbox"/> Other Relative <input type="checkbox"/> Other_____
Do you pay rent?	<input type="checkbox"/> Yes (\$_____/month) <input type="checkbox"/> No
Who does the child live with?	
What is their relationship to the child?	
Please list all benefits received (i.e. food assistance, WIC, TANF, etc.) and/or additional monthly income. If you received benefits, please provide any official supporting documentation.	

Signature: _____ Date: _____