



Proof of Legal Dependents 2026-2027

Student Information

Name _____ ID # _____

This information is being requested because you reported on your 2026-2027 FAFSA that you are supporting someone who will receive more than half of their support from you between July 1, 2026 and June 30, 2027. Support includes money, housing, food, clothing, child care, and health care. You must provide documentation of this support in order to qualify as an Independent Student. If you do not provide over half of this person's support, you will need to make corrections to your FAFSA question #51 and provide your parent information, including their financial information and parent signature.

Dependents

Please list the names and ages of dependents included on your 2026-2027 FAFSA:

Dependent's Full Name	Age	Relationship to You

LIVING ARRANGEMENTS

1. Where are you currently living? ☐ own home ☐ with parent(s) ☐ Other _____
2. Where does the above named dependent(s) live? ☐ with student ☐ Other _____

YOUR INCOME

3. Are you employed? ☐ No ☐ Yes - Attach your most recent paystub
4. Did you claim the above named dependent(s) on your current federal tax return?
☐ No
☐ Yes - Submit a copy of your current federal tax return showing dependents claimed on tax return.
5. Will you *receive* child support for your dependent?
☐ No
☐ Yes - Amount you will receive from 7/1/26 thru 6/30/27: _____

IF YOUR DEPENDENT IS YOUR BIOLOGICAL CHILD

6. Are you paying for childcare for your dependent?
☐ No
☐ Yes - Attach a letter from the provider confirming the child's name and amount paid per month
7. Will you *pay* child support for your dependent?
☐ No
☐ Yes - Amount you will pay from 7/1/26 thru 6/30/27: _____
8. Are you or your dependent receiving support from your parents for your dependent's care? (Support includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance).
☐ No
☐ Yes – Types: _____

Total estimated value per month: _____

9. **Are you or your dependent receiving support from anyone else, other than your parents, for your dependent's care?** (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance).

☐ No
☐ Yes - Provider's Relationship to Dependent: _____

TYPES: _____

Total estimated value per month: _____

IF YOUR DEPENDENT IS NOT YOUR BIOLOGICAL CHILD

10. **Are you receiving support from someone else for your dependent's care?** (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance). **Please Provide Documentation.**

☐ No
☐ Yes – Provider's Relationship to Dependent: _____

TYPES: _____

Total estimated value per month: _____

11. **Is your dependent receiving support from someone else for their care?** (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance). **Please Provide Documentation.**

☐ No
☐ Yes – Provider's Relationship to Dependent: _____

TYPES: _____

Total estimated value per month: _____

12. **Is your dependent receiving other benefits (WIC, Medicaid, Disability, Social Security, etc.), paid to them directly?** **Please Provide Documentation.**

☐ No
☐ Yes – TYPES: _____

Total estimated value per month: _____

Signature

I certify that all of the information reported on this worksheet is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

 Student's Signature

 Date

 Parent's Signature (if applicable)

 Date