2024-2025 PROOF OF DEPENDENT CHILDREN

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____ **@warhawks.ulm.edu** DOB: _____ Phone #: **(_____)** _____

Please only complete ONE of these forms depending on how you answered the question on the 2425 FAFSA. This form is for students who support a child.

This information is being requested by the U.S. Department of Education due to you reporting on your 2024-2025 FAFSA that you now have or will have children who will receive more than half of their support from you between July 1, 2024 and June 30, 2025. Support includes money, housing, food, clothing, child care, and health care. **Please provide documentation of this support in order to qualify as an Independent Student.** If you **do not** provide over half of your children's support, you will need to make corrections to your FAFSA and provide your parent information, including their financial information and parent signature.

DEPENDENT CHILDREN – Please list the names and ages of dependent children included on your 2024-2025 FAFSA:

Child's Full Name	Age	Relationship to You

INCOME AND EXPENSES - Please list the amounts per month (unless otherwise noted) during the **2024-2025** calendar year for the following income and expenses. If any item does not apply to you, please mark as $0.

EXPENSES

Housing status:

❒ Rent / mortgage	$	❒ Subsidized Housing	$
❒ Live with family / friends?	$	❒ Live with parents?	$

Utilities	$	Food	$
Insurance (car, medical, etc)	$	Other personal expenses	$

INCOME / OTHER SUPPORT

Wages - *must attach copy of most recent paystub (within the last 90 days)*	$	Financial Aid refund for prior semester	$
Child support	$	TANF	$
SNAP Benefits	$	In kind support (family, friends)	$
WIC	Yes No	Medicaid	Yes No

***If you reported zero resources above, please attach an explanation for how you supported your children.*

Certification and Signature:

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. ***WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.*** All signatures must be handwritten. Electronic signatures cannot be accepted.

_____ _____ _____
Student signature(no e-signature)   Student printed name   Date

2024-2025 PROOF OF OTHER DEPENDENTS

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____ **@warhawks.ulm.edu** DOB: _____ Phone #: **(** _____ **)** _____

******Please only complete ONE of these forms depending on how you answered the question on the 2425 FAFSA.
This form is for students who support a person OTHER than their child.******

This information is being requested by the U.S. Department of Education due to you reporting on your 2024-2025 FAFSA that you now have or will have legal dependents (other than your children or spouse) who will receive more than half of their support from you between July 1, 2024 and June 30, 2025. Support includes money, housing, food, clothing, child care, and health care. **Please provide documentation of this support in order to qualify as an Independent Student.** If you **do not** have legal dependents, or do not provide over half of their support, you will need to make corrections to your FAFSA and provide your parent information, including their financial information and parent signature.

Legal Dependents – Please list the names and ages of dependents reported on your 2024-2025 FAFSA:

Dependent's Full Name	Age	Relationship to You

Select ONE of the following:

_____ I can provide a copy of court-approved documents of legal guardianship (with signature and seal).

_____ I cannot provide a copy of court-approved documents of legal guardianship, but I can provide the following:

- A typed statement explaining why person(s) above qualify as my dependents and how you support them
- Documentation the person(s) lives with you (e.g. mail with dependent's name/address, etc.)
- Documentation of benefits you are providing for person(s) (e.g. life/health insurance, etc.)
- Provide income and/or benefits from all sources for this dependent. If the dependent works, provide his/her 2022 Tax Return Transcript or provide proof on Non-Tax Filer Status from IRS.

Certification and Signature:

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. ***WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.*** *All signatures must be handwritten. Electronic signatures cannot be accepted.*

_____   _____   _____

Student signature(no e-signature)   *Student Printed Name*   *Date*