

2023-2024 Verification of Dependent Support

Student Last Name	First Name	CID Number or SSN	

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) for the 2023-2024 academic year and you answered **YES** to having a child/children for whom you provide more than 50% of their support. Students who can demonstrate that they will provide more than half of their child(ren)'s financial support **from July 1, 2023 through June 30, 2024** may be considered independent for federal financial aid purposes.

If you do **not** provide over half of the financial support for your child(ren), **you need to correct the answer to question 47 on your FAFSA at <u>studentaid.ed.gov/sa/fafsa</u> to "no" and provide parent information and signature.**

You must complete all sections below:

A. List all dependent children for whom you provide more than half of their support.

Name of Child	Date of Birth	Child lives with me
		□Yes □No
		□Yes □No
		□Yes □No

B. Document how you support yourself and your children. Indicate your current **monthly** income and attach the **required documentation** for each source of income below. Indicate "0" for income not received.

Income Source	Monthly Amount	Required Documentation
Wages	\$	Recent pay stub(s)
Child Support	\$	Current documentation of child support received
Public assistance	\$	Public assistance budget
Social Security	\$	Social Security statement
Assistance from your parent(s)	\$	Written statement from parent(s) signed and dated
Other	\$	Document verifying amount of income received

Additional Information Are you currently	on ly residing with anyone other than your children? ☐Yes ☐No				
If "Yes", what is the	eir name and relationship to you?				
Name	Relationship				
How much is this po	person contributing towards the monthly household expenses? \$	month			
2. Who claimed yo	our child(ren) as a dependent on their 2022 federal income tax return?				
Name	Name Relationship to your child(ren)				
	the child's (children's) birth certificate(s) with this form. A copy of reded if you submitted a copy previously.*	of the birth			
	Incomplete forms will be returned				
	ent, I, the student, certify that the information has been read and is accurate a e false or misleading information, I may be subject to prosecution per Federa				
Student Signature:	Date:				

Return to: 1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid Phone (607) 962-9875 • Fax (607) 962-9019