

Student Name: _____ **Valpo ID #:** _____

Based on your FAFSA you indicated that you have a dependent child or someone else you provide more than 50% of their support. This form is used to gather information to determine whether an otherwise dependent student is independent based on the support the student provides during the academic year for a child or other dependent

STEP 1

- Please list the name(s) and age(s) of **YOUR** dependents and their relationship to you.
- Dependents are those people you will support **more** than 50% between July 1, 2025 and June 30, 2026. Include your children and other people only if they meet the following criteria;
 - They now live with you, **AND**
 - They now receive more than half of their financial support from you, **AND**
 - They will continue to receive this support from you through June 30th of the upcoming year.

Full Name	Age	Relationship

STEP 2: Answer all following questions based on today's date

1. Where are you currently living?

- | | |
|--|--|
| <input type="checkbox"/> By myself in my own house, apt, condo, etc.
<input type="checkbox"/> With my parent(s) | <input type="checkbox"/> With my child's other parent
<input type="checkbox"/> Other: _____ |
|--|--|

2. Where are you planning to live while attending classes?

- | | |
|--|--|
| <input type="checkbox"/> By myself in my own house, apt, condo, etc.
<input type="checkbox"/> With my parent(s) | <input type="checkbox"/> With my child's other parent
<input type="checkbox"/> Other: _____ |
|--|--|

3. Where are the dependents(s) currently living?

- | | |
|---|--|
| <input type="checkbox"/> With me, in my own house, apt, condo, etc.
<input type="checkbox"/> With my parent(s) | <input type="checkbox"/> With my child's other parent
<input type="checkbox"/> Other: _____ |
|---|--|

4. Where will the dependents(s) live while you attend classes?

- | | |
|---|--|
| <input type="checkbox"/> With me, in my own house, apt, condo, etc.
<input type="checkbox"/> With my parent(s) | <input type="checkbox"/> With my child's other parent
<input type="checkbox"/> Other: _____ |
|---|--|

5. What child care provisions have been made while you (the student) is attending classes?

6. Were you, the student, claimed by your parent(s) on their 2023 federal tax return?

Yes

No

7. Was/were the dependent(s) claimed by anyone other than you, on your 2023 federal tax return?

Yes— List the name of the person(s) who claimed the dependent(s) and their relationship to you.

Name: _____ **Relationship to child:** _____

No — I claimed the dependent(s). Please provide a signed copy of your 2023 federal tax return.

My dependent was not born yet

Step 3: Provide copies of supporting documentation for all the following income and expenses.

Type of Income	Monthly Amount
Student Wages (provide most recent pay stubs covering one month)	\$
Child Support Received (whether voluntary or court ordered)	\$
Unemployment	\$
Social Security Benefits	\$
Other (Indicate type) _____	\$

****Only complete this portion if you, the student, are paying expenses out of pocket****

Monthly Household Expenses	Monthly Total
Housing Expenses (Mortgage/Rent, Insurance, Taxes)	\$
Utilities (Gas, Electric, Water, Sewer, Trash, etc)	\$
Phone	\$
Cable/Internet	\$
Total Monthly Expenses	\$

Check all sources of other benefit income you currently receive

Medicaid

TANF/WorkFirst

SNAP/Food Stamps

Section 8 Housing

Utilicheck

WIC

Child Care Assistance

Other (indicate type): _____

Current Address: _____

How many people, including yourself live in the residence indicated above? _____

I certify all the information reported is complete and correct. The student must sign. A handwritten signature, not typed, is required.

Student Signature _____

Date _____