

Verification of Primary Financial Support of Dependent(s)

Name: _____

NUID: _____

Complete the following information and return it to our office so that we may continue to process your financial aid request.

Dependents are defined as those people that you provide more than half of their support between July 1, 2011 and June 30, 2012, support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

1. Please list the following information for all dependents claimed on your FAFSA.

Name	Age	Relationship to You	Who will Dependant live with July 1, 2011- June 30, 2012

2. If dependent will not live with you July 1, 2011 – June 30, 2012, will you pay child support?

___ YES ___ NO

3. If yes, what is your monthly child support payment?

\$ _____

4. If no, how much monthly child support will you receive?

\$ _____

5. What child care provisions have you made while you're in class?
