**Verification of Primary Financial Support of Dependent(s)**

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, 2010 and June 30, 2011, 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Who will Dependent live with July 1, 2010 to June 30, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. If dependent will not live with you July 1, 2010 – June 30, 2011, 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?
   ____________________________________________________________
   ____________________________________________________________

6. How much do you pay for daycare per month?
   $_________________

7. What types and amounts of assistance do you receive each month?

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
</tr>
</tbody>
</table>
Daycare | 
| Housing | 
| Other (please list) |

$  
$  
$

8. Does anyone in your household receive assistance each month for the dependents listed in #1?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

9. Please explain how you provide more than 50% of your child’s financial support.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

All of the above information is true and complete to the best of my knowledge. If I am asked, I agree to provide proof that my information is correct.

_________________________________________  __________________________
Signature                                      Date