

## 2018-2019 Proof of Dependent Support

Student Last Name	First Name	Middle Initial	Redlands ID
Street Address	City	State	Zip
			Phone or Cell Phone Number

You have indicated on your FAFSA or verification worksheet that you are supporting dependent(s) who will receive more than 50% of their support from you between July 1, 2018 and June 30, 2019. You must clearly demonstrate how you support yourself and provide their support. Support includes money, housing, food, clothes, medical care, and similar expenses. A copy of the child's birth certificate must be supplied.

**NOTE:** If you are unable to meet the support criteria and you are under the age of 24, **you must add your parent's information on your FAFSA** at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

To demonstrate how you are supporting yourself and how you are paying more than 50% of the cost of supporting the dependent(s), you must provide a copy of your 2016 Federal Income Tax Form showing you claimed the dependent(s), a document of your current source of income (ex. current paystub), and at least two of the following documents:

1. A lease or housing agreement in your name.
2. Copies of utility bills in your name.
3. An Expense/Budget Worksheet for 2018-2019 from the Department of Social Services.
4. Proof of child support received.
5. Copy of TANF or other federal subsidized programs in your name.

1. Please list the names and ages of **your** dependents and their relationships to you:

Name	Age	Relationship

2. Please circle "YES" or "NO" for each question:

- A) Where do the dependent(s) named above live?  
 STUDENT/SPOUSE (YES or NO)      STUDENT'S PARENT (YES or NO)      OTHER (YES or NO)
- B) Does anyone other than you provide financial support for your child?  
 STUDENT/SPOUSE (YES or NO)      STUDENT'S PARENT (YES or NO)      OTHER (YES or NO)
- C) Did you receive *free child care* from a friend, relative, or from someone with whom you have a relationship?  
 STUDENT/SPOUSE (YES or NO)      STUDENT'S PARENT (YES or NO)      OTHER (YES or NO)
- D) Was your dependent claimed by anyone other than you (the student) on the 2016 Federal tax return?  
 STUDENT'S PARENT (YES or NO)      OTHER (YES or NO)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal student aid based on incorrect information, I will need to repay it, and I may be required to pay fines and fees.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address for follow-up questions: \_\_\_\_\_