

2015-2016 Confirm Financial Support Verifications

Name:	DENT INFORMATION UN	TD Assigned ID:	SSN (last 4 digits only):	
SECTION B: STUDENT CONFIRMATION OF DEPENDENTS				
 Dependents are people who: now live with you, AND now get MORE THAN HALF of their support from you, AND will continue to get this support from you between July 1, 2017 and June 30, 2018. 				
You listed the following dependent(s) on your Verification Statement:				
	Name	Age	Relationship	
Provide the requested information below indicating how you provide more than 50% support for the individual(s) listed above. Please provide the following:				
1) Expenses for	1) Expenses for the individual(s) listed above from July 1, 2017 through June 30, 2018.			
 Income & assets for the individual(s) listed above from July 1, 2017 through June 30, 2018. Please include wages, tips, untaxed income, Social Security Benefits, etc. 				
3) Amount of support <u>vou</u> will provide for the individual(s) listed above from July 1, 2017 through June 30, 2018.			\$ \$	
SECTION C: CERTIFICATION				
I certify that all the information contained on this form is complete and correct and that there is no forgery of signature. I understand that I must sign and return this form for my financial aid to be processed. Electronic signatures are not accepted.				
Student Signatu	re	Date		
X			-	