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Student ID # Last Name First Name

2019-2020 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN

You indicated on your FAFSA that you have dependents (other than your children or spouse) who live with you and who will receive more than half of their support from you, verification is required. List below the people, **other than your children or spouse**, whom you will support between July 1, 2019 and June 30, 2020. Include other dependents **only** if they meet the following criteria: (1) they now live with you, AND (2) you provide more than half of their support and will continue to provide more than half their support from July 1, 2019 through June 30, 2020. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Failure to complete this form will cause a delay in the processing of your aid.

Name	*Age*	*Relationship to Student*	*2018 Income (If none, write None and explain situation.)*

STUDENT'S SIGNATURE DATE

STUDENT'S SPOUSE'S SIGNATURE (IF MARRIED) DATE

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