

# 2023-2024 VERIFICATION OF DEPENDENT SUPPORT

Student's Name \_\_\_\_\_

Student's ID or Last 4 Digits of Social Security Number \_\_\_\_\_

Financial Aid at Life University has received your Free Application for Federal Student Aid (FAFSA) for the 2023-2024 academic year and you answered **YES** to having a child/children for whom you provide more than 50% of their support. Students who can demonstrate that they will provide more than half of their child(ren)'s financial support **from July 1, 2023 through June 30, 2024** may be considered independent for federal financial aid purposes.

If you do **not** provide over half of the financial support for your child(ren), **you need to correct the answer on the Dependency Status (Section 3) on your FAFSA at [studentaid.ed.gov/sa/fafsa](https://studentaid.ed.gov/sa/fafsa)** to "no" and provide parent information and signature.

**You must complete all sections below:**

## SECTION A

List all dependent children for whom you provide more than half of their support.

Name of Child	Date of Birth	Child Lives with Me
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION B

Document how you support yourself and your children. Indicate your current **monthly** income and attach the **required documentation** for each source of income below. Indicate "0" for income not received.

Income Source	Monthly Amount	Required Documentation
Wages	\$	Recent pay stub(s)
Child Support	\$	Current documentation of child support received
Public assistance	\$	Public assistance budget
Social Security	\$	Social Security statement
Assistance from your parent(s)	\$	Written statement from parent(s) signed and dated
Other	\$	Document verifying amount of income received

## SECTION C: ADDITIONAL INFORMATION

Are you currently residing with anyone other than your children? ☐ Yes ☐ No If "Yes", what is their name and relationship to you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How much is this person contributing towards the monthly household expenses? \$ \_\_\_\_\_ month

Who claimed your child(ren) as a dependent on their most recently filed federal income tax return?

Name \_\_\_\_\_ Relationship to your child(ren) \_\_\_\_\_

**Submit a copy of the child's (children's) birth certificate(s) with this form. A copy of the birth certificate is not needed if you submitted a copy previously.**

**Incomplete forms will be returned**

By signing this statement, I, the student, certify that the information has been read and is accurate and true. If I, the student, purposely give false or misleading information, I may be subject to prosecution per Federal Regulations.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Form to: [FinAidMail@LIFE.edu](mailto:FinAidMail@LIFE.edu) or 1250 Life's Way, Building 800, Marietta, GA 30060 Attn: Financial Aid**