



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC23PDF

2023/2024
PROOF OF DEPENDENT(S) FORM

This form is used to gather information from unmarried students who are under the age of 24 who claim to have dependents or in other situations when necessary. Please note that completion of this form does not guarantee your intended results. You may be required to have your parents complete the FAFSA or may not be eligible to include the person in your household size. Please answer all questions carefully and **attach supporting documentation**.

1. Please list the names and ages of your dependents and their relationship to you. **YOU MUST PROVIDE LEGAL DOCUMENTATION OF THEIR RELATIONSHIP TO YOU (BIRTH CERTIFICATE, LEGAL GUARDIANSHIP, ETC)**

Dependents are those people for whom you will provide more than half of their support from July 1, 2023 through June 30, 2024. Include other people only if they meet all of the following criteria:

- a. they now live with you, and
- b. they now get more than half of their support from you, and
- c. they will continue to get this support from you between 07/01/23 and 06/30/24

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Name	Last 4 digits of SS#	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

2. Who is the legal custodial parent of the dependent? _____
3. Do you PAY child support for support of this child? _____
4. Do you RECEIVE child support for support of this child? _____
5. Where do you live?
- [] With parent(s)
[] In your own home **YOU MUST PROVIDE COPY OF YOUR LEASE/MORTGAGE STATEMENT**
[] Other - please explain _____

Student's Address _____

Parent Name _____
Address _____



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6. Does the dependent live with you?

☐ Yes

☐ No - if no, with whom does the dependent live? _____

7. Who claimed your dependent(s) on their 2022 IRS Tax Return? **YOU MUST PROVIDE PAGE 1 OF THE 2022 IRS TAX RETURN IF SOMEONE CLAIMED THE DEPENDENT**

☐ You

☐ Your parent

☐ Other _____

☐ Not claimed

8. List all sources and amounts of **current monthly** income that you use to support you and your dependent:

COPY OF PAGE 1 OF YOUR 2021 FEDERAL TAX RETURN (FORM 1040) IF YOU FILED TAXES FOR 2021

\$ _____ Income earned from work

\$ _____ Child Support

\$ _____ SNAP Benefits

\$ _____ WIC

\$ _____ TANF Benefits (Temporary Assistance for Needy Families)

\$ _____ Other – please explain _____

9. Please list the estimated monthly expense for the support of your dependent(s)

\$ _____ per month.

Please list your child's monthly expenses:

Check off that you have attached a copy of the following:

☐ LEGAL DOCUMENTATION OF YOUR DEPENDENT'S RELATIONSHIP TO YOU

☐ COPY OF CURRENT LEASE/MORTGAGE STATEMENT *IF YOU LIVE IN YOUR OWN HOME*

☐ COPY OF PAGE 1 OF YOUR 2021 FEDERAL TAX RETURN (FORM 1040) IF YOU FILED TAXES FOR 2021

I certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____