

Financial Aid Office
 Clark Hall, Room 200
 1090 South Drive
 Indiana, Pennsylvania 15705-1038

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 IUP.edu/financialaid

LEGAL DEPENDENT VERIFICATION FORM

You indicated on your FAFSA that you have children and/or dependents who receive or will be receiving more than half of their support from you. If you are able to show the ability to support your dependent(s), please complete this document and submit with a copy of your most recent pay statement. If you are unable to provide support or you have made this selection in error, see the important note at the end of this form.

Student Name: _____ Banner ID @ _____
 IUP email _____ Phone #: _____
 Permanent Address: _____
 School (local) Address: _____

1. Please list the names and ages of **YOUR** dependents and their relationship to you.

<u>Names of Children/Legal Dependents</u>	<u>Age of Children/Legal Dependents</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____

2. Who do the children/legal **dependents** (listed above) live with during the school year?

3. Who do you, **the student**, live with during the school year (i.e. your parents, etc):

4. Your current monthly income. You may included public assistance, social security, child support, financial aid and any income from a source other than your parent(s):

<u>Amount of Monthly Income</u>	<u>Source of Income</u>
\$ _____	_____
\$ _____	_____

5. I have attached a copy of my most recent pay statement YES _____ NO _____ (If no, please explain)

6. If the children/legal dependent(s) live with you, please indicate the monthly expenses **used for the dependents**:

Rent/Mortgage:	\$ _____	Transportation:	\$ _____
Utilities:	\$ _____	Daycare:	\$ _____
Food (including formula):	\$ _____	Medical:	\$ _____
Clothing (including diapers):	\$ _____		
Other (please list): _____			\$ _____

7. Do you **receive** (or **will you receive**) any of the following for the child or legal dependent? If yes, submit documentation to support type(s) of aid:

WIC: [] Yes Amount per month: _____ Medicaid: [] Yes Amount per month: _____
[] No [] No

SNAP: [] Yes Amount per month: _____ Child Support: [] Yes Amount per month: _____
[] No [] No

8. If the children/legal dependents do not live with you; indicate the monthly amount you pay in financial support of the children/legal dependents: \$ _____.

9. Who provides medical insurance for you?

Name: _____ Relationship to you: _____

10. Who provides medical insurance for your children/legal dependents?

Name: _____ Relationship to you: _____

11. Does the child's other parent attend college at least ½ time? _____ Where: _____

If the other parent currently attends IUP, please enter their Name and Banner ID here:

*** You must include a copy of your most recent pay statement for this review to be processed***

By signing below, I verify that I provide more than 50% of financial support to the above children/legal dependents and will continue to provide more than 50% of their financial support for the current academic year.

Student Signature

Date

IMPORTANT:

*If you **do not provide** more than half of your child/dependent's monthly financial support, you must log in to your FAFSA and make a correction to*

- 1) change the answer to the dependent's question to "No" and*
- 2) add parental information to your FAFSA.*

Note: The financial aid office may request additional information at any time to determine your eligibility.