



PROOF OF DEPENDENT CHILD(REN) 2014-2015

We will continue processing your request for financial aid once you have completed this form and returned it to: Salisbury University, Financial Aid Office, 1101 Camden Avenue, Salisbury, Maryland, 21801.

You have applied for financial aid as an independent student based upon having dependents. Please list below your child(ren) who get **more than half of their entire support from you** and will continue receiving more than half of their entire support from you between July 1, 2014 and June 30, 2015.

| Name | Age | Relationship to You |
|-------|-------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please answer the following questions:

1. Do you live with your parents? ___ Yes ___ No
2. Do your children (or other dependents) live with your parents? ___ Yes ___ No
3. Provide a written statement which explains how you support your child(ren) or dependent(s). This should be specific including all sources and amounts of income. **Attach proof.** Is this support more than half of your child(ren)'s entire support between July 1, 2014 and June 30, 2015? ___ Yes ___ No
4. Will your child(ren) or dependent(s) live with you while you attend SU? ___ Yes ___ No
If yes, what provisions have you made or will make for the time you are in class during the 2014-2015 school year?
5. Where will you live enrolled at SU? ___ Residence Hall ___ With Parent ___ Off Campus Housing
6. Who claimed you for the tax year 2013? _____
7. Who claimed your child(ren) or dependents for the tax year of 2013? _____
If you did not claim your child(ren) for tax year 2013, please explain why.
8. **Please attach a signed statement from your parent(s) and the other birth parent of your child(ren)** stating that they will not claim the child(ren) or dependent(s) on their 2013 and 2014 U.S. Federal Income Tax Return, and that they will not provide more than one half of their **entire support** between July 1, 2014 and June 30, 2015 (support includes: housing, food, clothing, medical, daycare, utilities, etc.)

I certify that all of the information reported on this form and in any attachments is an accurate assessment of the current family situation:

Student Printed Name _____ Student Signature _____
 SU ID _____ Date _____