



PROOF OF DEPENDENT CHILD(REN) 2016-2017

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 indicated on your 2016-2017 FAFSA that you are under the age of 24 and that you have a child who will receive more than half of their entire support from you between July 1, 2016 and June 30, 2017. However, your income does not appear to be sufficient enough to support you and your child(ren). A determination of your dependency status will be made upon review of this form.

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for your child, please correct your 2016-2017 FAFSA.

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, 2016 and June 30, 2017.

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____

Please answer the following questions:

- Do you live with your parents? ___ Yes ___ No
- Do your child(ren) live with your parents? ___ Yes ___ No
- Will your child(ren) 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 2016-2017 school year?

- Where will you live while enrolled at SU? ___ Residence Hall ___ With Parent ___ Off Campus Housing
- Do you receive child support for your child? Yes, \$ ____/month ___ No
- Do any of your relatives provide your financial support? ___ Yes ___ No
If yes, who provides the support _____ and how much per month? \$ _____
- Who claimed you for the tax year 2015? _____
- Who claimed your child(ren) for the tax year of 2015? _____
If you did not claim your child(ren) for tax year 2015, please explain why:

- Are you currently employed? ___ Yes ___ No
If yes, submit a copy of your YTD paystub and your 2015 Federal Income Tax Transcript

10. Provide the following household monthly living expenses you and your child(ren) have and list the name of the person paying for the monthly expenses. If you are paying for the expenses you must attach proof of how you are able to do so.

		Name of Person Paying for the Monthly Expense
Housing (mortgage, rent, other)	\$ _____	_____
Utilities (electricity, gas, water)	\$ _____	_____
Food	\$ _____	_____
Phone/Cable/Internet	\$ _____	_____
Health Insurance	\$ _____	_____
Car Insurance	\$ _____	_____
Clothing/Personal Items	\$ _____	_____
Child/Day Care	\$ _____	_____
Transportation (fuel, car payment)	\$ _____	_____

Monthly Total \$ _____

Provide the following documentation:

- **Please attach a signed statement from your parent(s)** stating whether they will or will not claim the child(ren) on their 2015 and 2016 U.S. Federal Income Tax Return, and whether they will or will not provide more than one half of their **entire support** between July 1, 2016 and June 30, 2017 (support includes: the monthly household expenses listed in question 10)

- **Please attach a signed statement from other birth parent of your child(ren)** stating whether he/she will or will not claim the child(ren) on their 2015 and 2016 U.S. Federal Income Tax Return, and whether he/she will or will not provide more than one half of their **entire support** between July 1, 2016 and June 30, 2017 (support includes: the monthly household expenses listed in question 10)

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 _____