



2018-2019 Proof of Dependent Child(ren)

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 2018-2019 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, 2018 and June 30, 2019. 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 2018-2019 FAFSA.

Student Name: _____ SU ID#: _____

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, 2018 and June 30, 2019.

Table with 3 columns: Child's Name, Age, Relationship to You. Includes two rows of blank lines for entry.

Please answer the following questions:

- 1. Do you live with your parents? ___ Yes ___ No
2. Does your child(ren) live with your parents? ___ Yes ___ No
3. Will your child(ren) live with you while you attend SU? ___ Yes ___ No
4. Where will you live while enrolled at SU? ___ Residence Hall ___ With Parent ___ Off Campus Housing
5. Do you receive child support for your child? Yes, \$ ___/month ___ No
6. Do any of your relatives provide your financial support? ___ Yes ___ No
7. Who claimed you for the tax year 2017?
8. Who claimed your child(ren) for the tax year of 2017? If you did not claim your child(ren) for tax year 2017, please explain why:

9. Are you currently employed? ____ Yes ____ No
- **If YES, submit a copy of your most recent paystub(s) AND your 2017 IRS Federal Tax Return Transcript** (see www.irs.gov – “Get Your Tax Record”)

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		\$ _____

Please provide the following documentation:

- **A signed statement from your parent(s)** stating whether they will or will not claim the child(ren) on their 2017 and 2018 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, 2018 and June 30, 2019 (support includes: the monthly household expenses listed in question 10)
- **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 2017 and 2018 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, 2018 and June 30, 2019 (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 Signature _____ Date _____

SU ID _____