



Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STUDENT: You must provide more than 50% of your dependent(s)' financial support during 2017-2018 to consider that individual your legal dependent. Please document below that you are providing at least half of your dependent's financial support from July 1, 2017 through June 30, 2018.

Legal dependent(s) that you are supporting

Table with 4 columns: Name, Relationship to You, Lives w/ You (Y or N), Age. Three empty rows for data entry.

- Wages \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Worker's Comp \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Unemployment \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Social Security \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Public Assistance/WIC \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Child Support (received) \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Child Support (paid) \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total
Other \_\_\_\_\_ \$ \_\_\_\_\_ Estimated July 1, 2017 through June 30, 2018 Total

Please explain how your living expenses were met and by whom for July 1, 2017 – June 30, 2018.

Food \_\_\_\_\_

Housing \_\_\_\_\_

Dependent's Medical Insurance \_\_\_\_\_

Transportation \_\_\_\_\_

Personal and Miscellaneous \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Additional information may be requested.