



**2022-2023**

**Verification of Dependent Support**

*Student Last Name*

*First Name*

*CID Number or SSN*

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) for the 2022-2023 academic year and you answered **YES** to having a child/children for whom you provide more than 50% of their support. Students who can demonstrate that they will provide more than half of their child(ren)'s financial support **from July 1, 2022 through June 30, 2023** may be considered independent for federal financial aid purposes.

If you do **not** provide over half of the financial support for your child(ren), **you need to correct the answer to question 51 on your FAFSA at [studentaid.ed.gov/sa/fafsa](https://studentaid.ed.gov/sa/fafsa)** to "no" and provide parent information and signature.

**You must complete all sections below:**

**A.** List all dependent children for whom you provide more than half of their support.

Name of Child	Date of Birth	Child lives with me
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**B.** Document how you support yourself and your children. Indicate your current **monthly** income and attach the **required documentation** for each source of income below. Indicate "0" for income not received.

Income Source	Monthly Amount	Required Documentation
Wages	\$	Recent pay stub(s)
Child Support	\$	Current documentation of child support received
Public assistance	\$	Public assistance budget
Social Security	\$	Social Security statement
Assistance from your parent(s)	\$	Written statement from parent(s) signed and dated
Other	\$	Document verifying amount of income received

C. Additional Information

1. Are you currently residing with anyone other than your children? Yes No

If "Yes", what is their name and relationship to you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How much is this person contributing towards the monthly household expenses? \$ \_\_\_\_\_ month

2. Who **claimed** your child(ren) as a dependent on their **2021 federal income tax return**?

Name \_\_\_\_\_ Relationship to your child(ren) \_\_\_\_\_

**\*Submit a copy of the child's (children's) birth certificate(s) with this form. A copy of the birth certificate is not needed if you submitted a copy previously.\***

**Incomplete forms will be returned**

By signing this statement, I, the student, certify that the information has been read and is accurate and true. If I, the student, purposely give false or misleading information, I may be subject to prosecution per Federal Regulations.

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

**Return to: 1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid  
Phone (607) 962-9875 • Fax (607) 962-9019**