



2018-2019

Verification of Support of Dependents

Student ID _____

Last Name

First Name

According to federal regulations "dependents" are children or other persons who live in your home (a residence you own or rent) and receive more than 50% of their living expenses and other financial support from you between July 1, 2018 and June 30, 2019. We are unable to determine if the dependent(s) included on your FAFSA CA Dream Application (if AB540 or AB2000) or other documents submitted to the Office of Financial Aid meet this definition. Complete the form by listing the qualified dependent(s) included in the number in household on your application.

Name of **dependent(s)**: _____ Age of **dependent(s)**: _____

Current address of **dependent(s)**: _____

Street, City, State _____

When did the dependent(s) begin living at this address? _____

Are you (or parents, if dependent) legally responsible for the rent/mortgage payments at this address? Yes _____ No _____

Will the **dependent(s)** continue to live at this address until June 30, 2019? Yes _____ No _____

Relationship of **dependent(s)** to the **student**:

____ Mother ____ Father ____ Child ____ Sister ____ Brother ____ Aunt/Uncle ____ Cousin
____ Niece/Nephew ____ Grandparent ____ Other: _____

Report all income sources received by the **dependent(s)**. **Do not leave any income source blank.** If the **dependent(s)** does not receive income from the listed source, put a "0". If someone receives income for the dependent(s), check the "Yes" box and indicate the relationship of that person to the dependent(s) (i.e. mother, father).

Welfare (TANF / Cal Works) Amount received per month:	\$ _____	Yes _____	No _____
Social Security / CAPI Amount received per month:	\$ _____	Yes _____	No _____
General Relief / Refugee Cash Assistance Amount received per month:	\$ _____	Yes _____	No _____
Child Support received from another parent Amount received per month:	\$ _____	Yes _____	No _____
Income from Work / Unemployment Amount received per month:	\$ _____	Yes _____	No _____
Amount of support received from Friends and Relatives per month:	\$ _____	Yes _____	No _____
Financial Aid (grants, loans, & scholarships) Amount received per YEAR:	\$ _____	Yes _____	No _____
Other (please specify): _____ Amount received per month:	\$ _____	Yes _____	No _____

(Further documentation may be requested when form is submitted)

CERTIFICATION: I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can cause a denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Office of Financial Aid to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student Signature

Date