



**2016-2017
Proof of Dependents**

OFFICE of FINANCIAL AID
9201 University City Boulevard
Charlotte, NC 28223-0001
Phone: (704) 687-5504
Fax: (704) 687-1425

When you completed your 2016-2017 Free Application for Federal Student Aid (FAFSA), you stated that you were responsible for dependent(s) who receive more than half of their support from you. Our office is required to verify data that we have on file from students and their families as part of the verification process. Please provide additional information concerning your filing status. **Your financial aid will not be processed until the form is complete and all required documentation is received.**

1 Student Information

Student Name: _____ University ID number: _____

Phone Number: _____ Address: _____

2 Dependent Information

Dependents are those people that you will support* between July 1, 2016 and June 30, 2017. Include your children if they receive MORE THAN HALF of their support from you. Include other people ONLY if they meet the following criteria:

1. They live with you, **and**
2. They receive more than half of their support from you, **and**
3. They will continue to get this support from you between July 1, 2016 and June 30, 2017.

**Support includes money, housing, food, clothes, car, medical and dental care, payment of college cost and similar expenses. You cannot count support provided by your parents.*

Please complete the information below for each person you listed as a dependent on your financial aid application.

Attach an additional sheet if needed.

	Dependent #1	Dependent #2	Dependent #3
Dependent's Name	_____	_____	_____
Dependent's Date of Birth	_____	_____	_____
Relationship to Student	_____	_____	_____
Was the dependent claimed on a 2015 tax return?	Yes No	Yes No	Yes No
If yes, list the name of the person who claimed the dependent.	_____	_____	_____
Will this person claim the dependent on their tax return for 2016?	Yes No	Yes No	Yes No
If no, who will claim the dependent on their 2016 tax return?	_____	_____	_____
Does the dependent live in the student's home?	Yes No	Yes No	Yes No
If no, who will your dependent live with?	_____	_____	_____
Does the dependent have their own source of income (earnings from a job, social security, pension, etc.)?	Yes No	Yes No	Yes No
If yes, list source(s) and monthly amount received from each source.	_____	_____	_____

3 Additional Questions

1. Please list the estimated total **monthly** expenses for **your dependent(s)**. **Attach a separate sheet if needed.**

EXPENSES	COST PER MONTH
Housing (rent or mortgage)	\$ _____
Food	\$ _____
Utilities	\$ _____
Clothing	\$ _____
Child Care	\$ _____
Medical/Dental	\$ _____
Transportation (gas, mass trans, insurance, car payment)	\$ _____
Other:	\$ _____
Other:	\$ _____

2. Where do you (the student) live?

- With your parent(s)
 Other. If other is checked, please explain:

3. If child care is necessary for you to attend classes, what arrangements have you made?

4. Were you (the student) claimed by your parent(s) on their 2015 federal tax return?

- Yes
 No

4 Certification and signature

- I attest that** I will provide more than half of the support for my children between July 1, 2016 and June 30, 2017.
- I attest that** the dependent(s) lived with me at the time I completed the FAFSA, will continue to live with me through the end of the academic year, and that I will provide more than half of the support for the dependents(s) during this time. All information provided is complete and correct.
- I answered incorrectly and none of these conditions apply to me.** By checking this box, I understand that I will need to return this form to the Office of Student Financial aid and correct my FAFSA by changing this answer to "NO" and adding parental information as well as parental signature.

By signing this worksheet, I certify that all the information reported is complete, true and correct to the best of my knowledge. I understand I may be required to provide additional information. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

RETURN COMPLETED FORM TO:
UNC Charlotte Office of Financial Aid
9201 University City Blvd; Charlotte, NC 28223-0001
Phone: (704) 687-5504 | Fax: (704) 687-1425