



**Office of Student Financial Aid  
Verification for Dependent Support 2019-2020**

Student's Name: \_\_\_\_\_ Banner ID: XXX \_\_\_\_\_

The Office of Student Financial Aid has received your Free Application for Federal Student Aid (FAFSA) for the 2019-2020 aid 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 children's financial support **from July 1, 2019 through June 30, 2020** may be considered independent for Federal Financial Aid purposes.

**\*\*If you do not provide over half of the financial support for your children, you must correct the answer to question 51 on you FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) to "No" and provide parent information and signature. \*\***

**DEPENDENT INFORMATION: List all dependent children for whom you provide more than half of their support. Please submit a birth certificate for each child listed below.**

Name	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

If your child(ren) currently live with you, will they continue to live with you for the 2019-2020 aid year?  Yes  No

Are you currently residing with anyone other than your child(ren)?  Yes  No

If yes, what is their name and relationship to you? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you **receive** monthly child support payments?  Yes  No If yes, what amount per child? \_\_\_\_\_

Do you **pay** monthly child support payments?  Yes  No If yes, what amount per child? \_\_\_\_\_

**FEDERAL BENEFITS INFORMATION: Check all benefits that you or another member of your household will receive during the 2019-2020 aid year (July 1, 2019 through June 30, 2020).**

- Food Stamps (SNAP)       Supplemental Security Income       TANF or WIC       Social Security Benefits       Free or Reduced Price Lunch

**INCOME INFORMATION: List any and all income you and your household expect to receive between July 1, 2019 and June 30, 2020. These amounts can be estimates. You must submit supporting documentation of each source of income listed. Please enter "0" if not applicable.**

Month	Wages	Child Support Received	Federal Benefits	Social Security	Assistance from Friends/Relatives	Other
July 2019	\$	\$	\$	\$	\$	\$
August 2019	\$	\$	\$	\$	\$	\$
September 2019	\$	\$	\$	\$	\$	\$
October 2019	\$	\$	\$	\$	\$	\$
November 2019	\$	\$	\$	\$	\$	\$
December 2019	\$	\$	\$	\$	\$	\$
January 2020	\$	\$	\$	\$	\$	\$
February 2020	\$	\$	\$	\$	\$	\$
March 2020	\$	\$	\$	\$	\$	\$
April 2020	\$	\$	\$	\$	\$	\$
May 2020	\$	\$	\$	\$	\$	\$
June 2020	\$	\$	\$	\$	\$	\$



Student's Name: \_\_\_\_\_ Banner ID: XXX \_\_\_\_\_

**EXPENSES INFORMATION:** List any and all expenses you and your household will pay monthly between **July 1, 2018 and June 30, 2019**. These amounts can be estimates. You must submit a copy of your lease, mortgage, or proof of housing payment.

Item	Average Monthly Expense	How the Expense is Paid (source of funds, such as work, etc.)	Who Pays this Expense	Relationship to You
Rent and/or Mortgage	\$			
Do you live with a parent, relative, or other and pay no housing expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Utilities (Electric, Gas, Water & Cable)	\$			
Telephone (Home/Cell)	\$			
Internet and/or Cable	\$			
Car Insurance/Payments/Gas	\$			
Credit Cards	\$			
Food	\$			
Clothing	\$			
Medical/Dental	\$			
Child Support/Alimony	\$			
Entertainment/Recreation	\$			
Miscellaneous (Identify Sources)	\$			
Other	\$			

**Certification – Read carefully before you sign.**

*I certify that federal law does not require me to file a 2016 U.S. federal income tax return and that one will not be filed. I hereby certify that all information contain in this document, including the documentation is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized and I may be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General.*

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

\_\_\_\_\_  
Date

**PLEASE RETURN TO:**  
North Carolina Agricultural and Technical State University  
Office of Student Financial Aid  
1601 E Market Street  
Greensboro, NC 27411  
Fax: 336-334-7954 Telephone: 336-334-7973