



## Verification of Additional Dependent(s) - Dependent

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
PID

On your student's Dependent Verification Worksheet you included dependent(s) other than your children and/or spouse that you support.

Support for your dependent(s) includes housing, food, clothing, medical, and dental care, childcare, money, gifts, etc. that you provide. **Money you receive from your parent(s) cannot be included as a resource for your dependents' support.** Resources that enable you to provide the support can include:

1. Earnings you receive from work or in-kind support (housing/food in exchange for work)
2. Assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families, and SNAP).

Complete the chart if you have **dependents** (other than your children or spouse) and if at the time you completed your FAFSA:

1. They lived with you and received more than half their support from you **AND**
2. Will continue to receive more than half their support from you through **June 30, 2021**
- 3.

Full Name		Age	Relationship to you	Indicate the date he/she began living with you
First	Last			

**Please sign the next page**

**Certification**

- I attest I do** provide more than half of the support for the dependent(s) listed. By checking this box, I also certify the dependent(s) listed lived with me at the time I completed the FAFSA and will continue to live with me between July 1, 2020 and June 30, 2021 and I will provide more than half of their support.

By signing below, I certify all information provided on this form is complete and correct. **Warning: Intentionally providing false and misleading information on the FAFSA is fraud. The penalties for lying on the FAFSA include, but are not limited to, fines of up to \$20,000 and up to five years of jail time, in addition to repaying the financial aid received by the student.**

---

**Parent Signature (Required)**

---

**Date**