



Student Name: _____ Student's ID Number: _____

STUDENT: You must provide more than 50% of your dependent(s)' financial support during 2023-2024 to consider that individual your legal dependent. Please document below that you are providing at least half of your dependent's financial support from July 1, 2023 through June 30, 2024.

Legal dependent(s) that you are supporting

Name	Relationship to You	Lives w/ You (Y or N)	Age

Wages \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Worker's Comp \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Unemployment \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Social Security \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Public Assistance/WIC \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Child Support (received) \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Child Support (paid) \$ _____ Estimated July 1, 2023 through June 30, 2024 Total
Other _____ \$ _____ Estimated July 1, 2023 through June 30, 2024 Total

Please explain how your living expenses were met and by whom for July 1, 2023 – June 30, 2024.

Food _____

Housing _____

Dependent's Medical Insurance _____

Transportation _____

Personal and Miscellaneous _____

Student Signature: _____ **Date:** _____

Note: Additional information may be requested.