



**Stephen F. Austin State University**  
**Office of Student Financial Assistance**  
**Proof of Dependent(s) Form**  
**2008-2009**

Students who are unmarried and under 24 years old but reported having dependents on their Free Application for Federal Student Aid (FAFSA) must prove that they provide at least 50% of their dependents support to qualify as an Independent student. Please answer ALL questions carefully and attach sufficient documentation to support your claim. Forms submitted without proper documentation will be considered incomplete until documentation has been received. If you are unable to prove that you provide 50% of the support to your dependent, you will be considered a Dependent student and be required to correct your FAFSA using your parent's information.

\_\_\_\_\_  
Student Name CID or SS#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Dependents are people that you will support between July 1, 2008 and June 30, 2009. Include your children if they get **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

- they now live with you, and
- they now get more than half their support from you, and
- they will continue to get this support from you between July 1, 2008 and June 30, 2009.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. **You must provide documentation** such as receipts to substantiate your claim of support for the persons listed below as dependents.

1. Please list the names and ages of **YOUR** dependents and their relationship to you. **You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.)**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Where do the dependent(s) named above live?

- With the student       With the student's parent(s)       Other

If Other is checked, please explain:

\_\_\_\_\_

3. Do you work or receive an income?       YES       NO

If **Yes**, please report the source of the income and the amount received per month. \_\_\_\_\_

\_\_\_\_\_

4. Who takes care of your child while you are in class or at work?

\_\_\_\_\_

5. You (the student) live:

- With your parent(s)     On-Campus: Name of Dorm \_\_\_\_\_  Other

If Other is checked, please explain:

\_\_\_\_\_

6. Were you (the student) claimed by your parent(s) on their 2007 tax return?

- YES                       NO

7. Was your dependent claimed by anyone other than you (the student) on the 2007 tax return?

- YES - Please list the name of that person and their relationship to you, the student.

\_\_\_\_\_

- YES – Please provide a copy of your 2007 tax return.

8. Please list all source(s) of support. **You must attach supporting documents.** (Examples include: copy of most recent payroll check stub; TANF check; cancelled checks or other proof of child support paid; WIC program eligibility notice; Medi-Cal eligibility notice for dependent; any assistance provided by your parents; proof of daycare payments, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forms received without proper documentation or incomplete forms will not be processed until all information is received. The Financial Aid Office reserves the right to request additional documentation necessary to determine your status.

Certification: All of the information on this form and supporting documentation are true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

<b>For office use only:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason:	
Financial Aid Officer:	Date: