

<b>Student Name</b>	<b>ID #</b>
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Please complete form in blue or black ink. Incomplete forms will not be accepted

You have indicated on your FAFSA or verification worksheet that you are supporting child(ren) who will receive more than 50% of their support from you. You must clearly demonstrate how you provide their support.

**A copy of each child's birth certificate must also be supplied.**

*NOTE: If another parent or someone else provides more than half of the child's support, you cannot include the child as your dependent on the FAFSA. If you are unable to demonstrate that you provided more than half of your child support **and** you are under the age of 24, please submit **your** parental information, their income tax form and a Dependent Verification Worksheet so that your FAFSA can be corrected.*

**1. List the name(s), age(s) and relationship(s) of children or dependents that live you:**

Name	Age	Relationship	List Name of Person who will claim child or dependent on 2015 tax return

**2. Attach proof of your income that supports the child(ren).** This could include your most recent year-to-date pay stub from all jobs worked in 2017, your W2s from 2016 (even if no longer working), showing sufficient income to support yourself and your dependent(s), or Federal Income Tax 1040 form for 2015 or 2016.

**3. Attach a copy of the current lease, mortgage or rental agreement** that lists you as primary provider.

**4. Attach your proof of additional untaxed income received in your name in 2015 and/or 2016.**

Amount for Year		2015 and/or 2016 Additional Untaxed Income
\$ _____ 2015		<b>Department of Human Services (DHS) assistance</b> Includes food stamps (SNAP), cash assistance, and/or child care. Acceptable documentation: a statement from DSH showing amount you received in 2015 and/or 2016.
\$ _____ 2016		
\$ _____ 2015		<b>Child Support Received</b> Acceptable documentation: a statement from Friend of The Court showing the amount you received in 2015 or 2016, or signed statement from the payer.
\$ _____ 2016		
\$ _____ 2015		<b>Social Security or Supplemental Security Income (SSI)</b> Acceptable documentation: a statement showing amount received in 2015 or 2016.
\$ _____ 2016		
\$ _____ 2015		<b>Subsidized or Low Income Housing (Section 8)</b> Provide amount paid by government on your behalf for the year.
\$ _____ 2016		
\$ _____ 2015		<b>"Cash Support"</b> - Money received from someone else or <b>"In-Kind Support"</b> – Non-monetary support such as free housing or groceries.
\$ _____ 2016		

I certify the information reported on this form is true and correct.

<b>Student Signature</b>	<b>Date</b>
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*\*By signing this form, you are verifying that you are the only person claiming these dependents for FAFSA purposes and that all of the information reported above is correct. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both per Federal Regulations.*

<b>Internal use ONLY</b> Reviewed: _____ Scanned: _____
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<b>RETURN FORM with attachments to:</b> Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669 Email: <a href="mailto:finaid@lssu.edu">finaid@lssu.edu</a>
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