FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

Proof of Dependent(s) Form

Please provide all of the following information and attach the requested documentation so that the Office of Financial Aid (OFA) may determine whether you provide more than half of the support for a person who is not your child or legal dependent. Please note this determination must be made according to the definition of support outlined in federal regulations.

Student's Name _____ **SID #**_____

Address_____

Name of Dependent	Date of Birth	Relationship to Student

Is the dependent your biological/adopted child? Yes ☐ No ☐

☐ If **YES**, attach a copy of the birth certificate(s) or proof of adoption and sign and submit this form. Send all documents to the FAO via email to financial.aid@franu.edu

- You do not need to do complete the rest of the form below.

☐ If **NO**, complete the remaining items on this form and submit all required documentation to the FAO via email to financial.aid@franu.edu

---

Complete only if you answered NO to the Dependent Question Above

Dependent Expenses (Provide yearly estimates for July 1 – June 30)

- Rent/Mortgage $_____ Do you receive housing assistance? Yes ☐ No ☐
- Utilities $_____
- Food $_____ Do you receive SNAP? Yes ☐ No ☐
- Medical/Dental (Insurance premiums and out of pocket expenses) $_____
  Do you receive medical assistance? Yes ☐ No ☐
  Do you have medical insurance? Yes ☐ No ☐
  - Name/relation of insurance policy holder_____/_____
- Personal (Clothing, personal hygiene supplies, etc) $_____
- Transportation (car payments, insurance, gas, repairs) $_____

Total Dependent Expenses $_____

FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

Dependent Income Sources (Provide yearly estimates for July 1 – June 30)

- Income earned from work $ _____
- Monetary help from friends/family $ _____
- Financial Aid used for living expenses $ _____
- Government Assistance received (housing assistance, SNAP, etc.) $ _____
- Social Security/SSI $ _____
- Other (alimony, veteran's benefits, savings used for living expenses, one-time funds, etc.) _____$ _____

Total Dependent Income $ _____

Student Income Sources (Provide yearly estimates for July 1 – June 30)

- Income earned from work $ _____
- Monetary help from friends/family $ _____
- Financial Aid used for living expenses $ _____
- Government Assistance received (housing assistance, SNAP, etc.) $ _____
- Social Security/SSI $ _____
- Other (alimony, veteran's benefits, savings used for living expenses, one-time funds, etc.) _____$ _____

Total Student Income $ _____

Documentation to attach

- Proof of residence for dependent
- Most recent federal tax return transcripts from IRS
- Most recent check stubs
- Other:

_____

_____

_____

Please note: We may have to request additional documentation based on the information provided.

My signature below indicates all information provided on this form is complete and correct.

_____ _____
Student's Signature **Date**

_____ _____
Dependent Signature **Date**
(If dependent is over the age of 18)

Please email this form to financialaid@franu.edu.