



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 _____ ID # _____

Address _____

Name of Dependent _____ DOB ____/____/____

Relation to Student _____

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

If yes, attach a copy of the birth certificate or proof of adoption and submit to the FAO via email to financial.aid@franu.edu.

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

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 \$ _____

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, veterans benefits, savings used for living expenses, one time funds, etc.)
_____ \$ _____

Total Dependent Income \$ _____



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

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- Financial Aid used for living expenses \$ _____
- Government Assistance received (housing assistance, SNAP, etc) \$ _____
- Social Security/SSI \$ _____
- Other (alimony, veterans 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 Signature: _____ **Date** ____/____/____

Dependent Signature (If dependent is over the age of 18):

_____ **Date** ____/____/____