



## 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](mailto: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](mailto: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)**

- 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 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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_