LEGAL DEPENDENT VERIFICATION

	LEGAL DEI	LENL	TEINI V	V INIT I	CATION		
STUDENT N	NAME						
STUDENT I	.D. NO						
CELL PHO	NE#						
verify this infor	you answered that you have mation, you must complete al Assistance. Note: You m	all info	ormation	requested	below, sign and sub	mit this form to the	
According to the	he Department of Educat	ion, th	e definiti	ion of a "	legal dependent" is	as follows:	
or a chi	logical or adopted child for whom the student their support (51%)."						
I do not	have a child for whom I prov						
June 30, 2024,	child(ren) for which you then complete the table dental care, childcare, you	regard ir inco	ing sour me, or fr	ces of su om state/	pport. Support can federal programs, si	be in the form of	f housing,
Name of Child(ren) Age			Relationship to You		nip to You	If you have more than 3 children, please list the additional children on a separate sheet of paper.	
						separate sheet of	paper.
Source of Support			this so	receive urce of oort? No	If "Yes," estimated amount per month	For how ma months pe year? (1-12)	•
TANF Payments (Not including SNAP or HUD)					\$		
Housing Assistance (HUD or Tribal, Other)					\$		
SNAP or Tribal Food Assistance					\$		
Utility Assistance (Electric, Water, Gas, Etc.)					\$		
Social Security Benefits not taxed (SSI) Child Support Received					\$		
Income Earned from Work					\$ \$		
Money paid on Your Behalf					\$		
Medicaid, Medical Card, Someone else's Health					\$		
Insurance					ф		
Financial Aid Refund Other (Please Specify)					\$		
Step 3:	ectry)				Φ		
Certification an Each person sig	nd Signatures ning below certifies that all of orted is complete and correct.	the		m	ARNING: If you pur isleading information yntenced to jail, or both	ou may be fined, be	

Date

Student Signature