



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid
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PROOF OF DEPENDENT(S) FORM

Student Name: _____ Student ID#: _____

Student Address: _____

Parent Name: _____ SS# (Last 4 Digits): _____

Parent Address: _____

This form is used to gather information from unmarried students who are under the age of 24 who claim to have dependents. Please note that completion of this form does not guarantee your intended results. You may be required to have your parents complete the FAFSA and may not be eligible to include the dependent(s) in your household size. Please answer all questions carefully and attach supporting documentation, as requested in questions 1, 7, 11 and 12 below.

1. Please list the names and ages of your dependents and their relationship to you. **YOU MUST PROVIDE LEGAL DOCUMENTATION OF THEIR RELATIONSHIP TO YOU (BIRTH CERTIFICATE, LEGAL GUARDIANSHIP, ETC)**

Dependents are those people for whom you will provide more than half of their support from July 1, 2019 and June 30, 2020. *Include other people only if they meet all of the following criteria:*

- they now live with you, and
- they now get more than half of their support from you, and
- they will continue to get this support from you between 07/01/19 and 06/30/20

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Name	Social Security (last 4 digits)	Age	Relationship

2. Who is the legal custodial parent of the dependent(s)?

Dependent: _____ Custodial Parent: _____

Dependent: _____ Custodial Parent: _____

3. Do you pay child support for this dependent(s)?

Yes - Annual Amount in 2017: \$ _____

No

4. Do you receive child support for support of this child?
- Yes - Annual Amount in 2017: \$ _____
- No
5. Where do you live?
- With parent(s)
- On Campus
- In your own apartment
- Other: _____
6. Does the dependent live with you?
- Yes
- No, they live with: _____
7. Were you claimed by your parent(s) on their 2017 tax return?
YOU MUST PROVIDE PAGE 1 OF YOUR PARENT'S 2017 IRS TAX RETURN.
- Yes
- No, this person claimed me: _____
8. Who will claim you on their taxes in 2018: _____
9. Who claimed the dependent in 2016: _____
10. Who will claim the dependent in 2018: _____
11. Who provides health insurance for the dependent? **YOU MUST PROVIDE DOCUMENTATION**
- The student
- The student's parent(s)
- Other: _____
12. Who provides your health insurance? **YOU MUST PROVIDE DOCUMENTATION**
- The student
- The student's parent(s)
- Other: _____
13. List all sources and amounts of **monthly** income that you use to support you and your dependent:

Income earned from work:	\$ _____
Child Support:	\$ _____
TANF Benefits:	\$ _____
Other: _____	\$ _____

**I certify that the above information is complete and correct.
Do not leave any blanks. If not complete, this form will be returned to you.**

STUDENT SIGNATURE: * _____ DATE: _____