2014-2015 Dependent Child(ren) Verification Form

The data from your Free Application for Federal Student Aid (FAFSA) indicate that you reported a dependent child or children who live with you and who receives more than half their support from you, now and through June 30, 2015.

Please provide the requested information about your household size and dependents for 2014-2015 and return your completed form to:

Financial Aid Office, Illinois State University, Campus Box 2320, Normal IL 61790-2320.

INSTRUCTIONS: To determine if a child is your dependent, add up his/her expenses. If you are paying more than half that amount and will continue to do so through June 30, 2015, complete the remainder of this form. If you are NOT paying more than half the expenses and/or will not continue to do so through June 30, 2015, please contact your financial aid Counselor. It will be necessary to make corrections to your application.

1. On your FAFSA, (Question 50) you indicate that you have a dependent child or children. Did you claim this child as a dependent on your Federal Income Tax Return? Yes □ No □

   • If “yes,” please attach a signed, non-returnable copy of your 2013 Federal income tax return (IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record (including the Confirmation Number and the filer’s signature), a tax return for Puerto Rico or a foreign income tax return) to this form and sign below.

2. Will this child (these children) reside with you AND will you provide more than half his/her (their) support from July 1, 2014 through June 30, 2015? Yes □ No □

   • If “Yes,” please provide the following information about your child (children) and attach documentation that you provide more than one-half of their support. This documentation could include proof of rent or mortgage payments, receipts for food or clothing, and proof of enrollment in school.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Child’s Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

   • If “No,” you must resubmit your FAFSA as a dependent student and include requested parents’ information.

3. SIGNATURE: My signature certifies that the information given is true, complete and correct.

_______________________________________
Student’s signature (in black ink)     __________________________
Today’s date

ILLINOIS STATE UNIVERSITY
Financial Aid Office

2015