

2020



Dependent Other Than Spouse/Child Verification Form 2019-2020

Student Name _____

Student ISU ID Number _____

You indicated on your Free Application for Federal Student Aid (FAFSA) that you have **dependents other than children or spouse** who lives with you and who receives more than half their support from you, now through June 30, 2020.

To determine if a person should be considered your dependent, add up his/her expenses. If you are paying more than half of the amount and will continue to do so through June 30, 2020, 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, 2020, please contact the Financial Aid Office. It will be necessary to make corrections to your FAFSA application.

Please FAX the completed original form and supporting documents to: **(309) 438-3755** or mail to: **Financial Aid Office, Campus Box 2320, Normal, IL 61790-2320**. If you have questions about completing this worksheet, call the Illinois State University Financial Aid Office at (309) 438-2231 or e-mail financialaid@IllinoisState.edu.

1. On your FAFSA application you indicate that you have dependents other than a child or spouse. Did you claim this person as a dependent on your Federal Income Tax Return?

Yes No

* If "Yes" please submit a signed, non-returnable copy of your 2017 Federal Income Tax Return (IRS Form 1040, 1040A or EZ), a tax return for Puerto Rico or a foreign income tax return.

2. Will this person reside with you AND will you provide more than half their support from July 1, 2019 through June 30, 2020?

Yes No

* If "No", you must resubmit your FAFSA as a dependent student and include requested parents' information.

* If "Yes" please provide the following information about your dependent(s) and submit documentation that you provide more than one-half of their support. This documentation could include proof of rent or mortgage payments, proof of insurance, receipts for food or clothing, and proof of enrollment in school.

Dependent's Name	Dependent's Date of Birth	Social Security Number

By signing this worksheet, I certify that all the information reported here to qualify for federal student aid is complete and correct.

Student Signature _____

Date _____

Student ISU ID Number _____