



Student Name (Last, First)	myZou Student ID Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

### 2014-2015 Dependent Support Documentation

The information requested on this form is needed to process your application for financial aid for the 2014-2015 academic year. On the 2014-15 Free Application for Federal Student Aid (FAFSA), you indicated you will provide more than one-half support for one or more dependents. Support includes money, housing, food, clothes, medical care, and similar expenses. You have been selected to verify this support for your dependent(s).

List the dependent(s) for which you provide more than one-half support:		
NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU
NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU

*NOTE: If you provide more than one-half support for more than two dependents, please write on the back of this form.*

Indicate the primary residence of your dependent(s).
<input type="checkbox"/> With you, the student <input type="checkbox"/> With a parent <input type="checkbox"/> With a grandparent <input type="checkbox"/> Other: _____

Provide a copy of <u>one</u> of the following to demonstrate how you support yourself <u>and</u> more than one-half of the cost of supporting your dependent(s):
<input type="checkbox"/> documentation of current employment (e.g., a current paystub),
<input type="checkbox"/> documentation of housing (e.g., a copy of a lease agreement or utility bill in your name),
<input type="checkbox"/> documentation of child support received, OR
<input type="checkbox"/> documentation of TANF, WIC, SNAP, or other federal subsidized program in your name.

Did you claim the dependent(s) above as an exemption on your 2013 federal income tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If <b>no</b> , list the name of the person who claimed the dependent(s) and his/her relationship to you:		
NAME	RELATIONSHIP TO YOU	

If the dependent(s) listed above is a child, answer the following:		
Does your parent provide financial support for your child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If <b>yes</b> , list the type of support provided (e.g., clothing, food, medical care): _____		
Do you have child care provider expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If <b>yes</b> , do you pay the child care expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*NOTE: If we have reason to believe the information reported is inaccurate, we may require additional documentation.*

**STOP:** Did you fully complete this form and include attachments? We will return any incomplete/unsigned forms for correction.

By signing, I certify that all of the information reported is complete and correct. **WARNING:** if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

STUDENT SIGNATURE	DATE