

## 2014-2015 Verification of Support Form

You filed your financial aid application (FAFSA) as an independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status is it necessary for us to verify that you are the main provider for your child, not your parents or the child's other parent. Please answer the following questions, additional information may be requested.

1. What is the name, birth date and relationship of your dependent? (*List any others on back*)

Name:	Birth date:	Relationship to	you:	-
Will they continue to live	with you for the entire school yea	r? □ YES □ I	NO	
Do you and/or your deper	ident(s) live with your parents?		٩V	
Who claimed you as a tax	exemption in 2013?			
Who will claim you as a t	ax exemption in 2014?			
Who claimed your depend	dent as a tax exemption in 2013?			
Who provides medical ins	surance for you?			
Who provides medical ins	surance for your dependent?			
2. List your current <b>monthly</b> incom	e below:			
Wages, salaries, tips	\$	Veteran's Benefits	\$	
Unemployment	\$	Social Security/SSI	\$	
Child Support	\$	Public Assistance (AD	C/AFDC)	\$
Disability payments	\$	Worker's Comp		\$
Other (identify)			\$	

**3.** Return this form to Financial Aid Office along with a signed copy of your 2013 Federal Tax Transcript. If you did not file a tax return for 2013, please attach a separate sheet explaining how you supported yourself and your dependent(s), include all income and expenses for the year.

4. By signing below I certify that the above information is complete and accurate.

Student Signature

\_\_\_\_\_ Date \_\_\_\_

Return form to:

The Sage Colleges Financial Aid Office 65 First Street Troy, NY 12180 Phone: (518) 244-4525 Fax: (518) 244-2460 The Sage Colleges Financial Aid Office 140 New Scotland Avenues Albany, NY 12208 Phone: (518) 292-1783 Fax: (518) 292-7701

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