Your 2016-2017 Free Application for Federal Student Aid (FAFSA) has been reviewed and there appears to be a discrepancy regarding the dependent that you, or your parent, are claiming as a member of the household. Please complete this form to clarify the discrepancy regarding the dependent.

Read the entire contents of this form. All areas that require dollar amounts must be listed as TOTAL ANNUAL amounts received in 2015 - NOT monthly amounts. Please do not leave any answer blank. If the answer is zero, write $0 in the space provided; if any spaces are left BLANK, this form may not be processed.

PLEASE INCLUDE YOUR PANTHER ID ON ALL DOCUMENTS SUBMITTED.

**Independent student:** List individuals as dependents in the table below if: (1) they live with you and (2) receive more than half their support from you now and will continue to do so through June 30, 2017.

**Dependent student:** Your parent must list individuals as dependents in the table below if: (1) they live with your parent and (2) receive more than half their support from your parent now and will continue to do so through June 30, 2017.

### Student's Last Name
#### First
#### MI

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>COLLEGE</th>
<th>S / P / O* (SEE NOTE BELOW)</th>
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*NOTE: Where do the above dependent(s) live? S = with Student  P = with Student's parents  O = Other: Explain below

If the answer is “O” (other) above, please explain:

If the dependent listed is a child, what child care provisions, if any, have you made for your dependent(s) while you are in class?

You (the student) will live:

- [ ] With your parent(s)
- [ ] Other. Please explain **AND** submit a copy of your lease agreement:

If the dependent listed is a child, what child care provisions, if any, have you made for your dependent(s) while you are in class?

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Proof of Dependent(s)  
Page 1 of 2  
rev. 2.23.2016
Please provide an explanation of the circumstances that occurred for the dependent to reside with you (if a dependent student – with the parent).  **(REQUIRED)**

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

Please list below the dependent’s income and assets for 2015 to present; such as wages, tips, untaxed income, Social Security benefits, retirement income, etc.  **(Additional information may be requested)**

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<th>Dependent Income and Assets</th>
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Please list all sources of support from 2015 to present and please attach a copy.  **(Examples include: copy of most recent check stub or W-2; TANF check; canceled checks or other proof of child support paid; Food stamps; WIC program eligibility notice; Medicaid eligibility notice for dependent).**

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

Please list the estimated monthly expense for the support of your dependent(s), over and above the expense covered by support received through any federal programs listed above and/or by child support received.

$_________________________ per month

If after reviewing this form and the documentation submitted, it is determined that the dependent does not meet the definition to be included in the household as a member, our office will remove the individual from the household.

**CERTIFICATION STATEMENT:**

“I certify that this information is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and/or any other documents submitted, including tax returns and W-2s.”

Student’s Signature__________________________ Date ____________________  
(Required)

Parent’s Signature__________________________ Date ____________________  
(Required for dependent students)