Proof of Other Legal Dependent(s) Form 2013-2014

Please Answer **ALL** questions carefully. **DO NOT LEAVE ANY BLANKS.**

1. **Names and ages of YOUR dependents** and their relationship to you.

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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Dependents are those people you will support* between July 1, 2013 and June 30, 2014. Include your children if they get **more than half** their support from you. Include other people only if they meet the following criteria:

1. They now live with you  
   **And**
2. They now get **more than half** their support from you *(they would not be able to pay rent, food & utilities without your help).*  
   **And**
3. They will continue to get this support from you between July 1, 2013 and June 30, 2014

* Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, etc. and you must provide documentation such as receipts to substantiate your claim of support for the persons listed above as dependents.

2. Where do(es) the above named dependent(s) live?
   - ____ With Student
   - ____ other (please explain) ____________________________

3. You (the student) will live:
   - ____ With your parent(s)
   - ____ Other (please explain) ____________________________

4. **Were you (the student) claimed by your parent(s) on their previous year tax return?**  
   - ____Yes  ____No  
   b) **Will your parent(s) claim you (the student) as a dependent on their 2013 tax return?**  
   - ____Yes  ____No

5. **Was/Were your dependent(s) claimed by anyone other than you (the student) on the previous year tax return?**
   - ____No  ____Yes by ____________________________ / ____________________________  
   - Name  Relationship to the student
Please list the resources of the dependent(s) in question. Resources include current or projected income or benefits of the dependent for the time between July 1, 2013 and June 30, 2014:

- Annual income (wages, untaxed income, benefits, etc.) $________________________
- Savings Account/Investments $________________________
- Other $________________________

**DEPENDENT(S)’S 2013/2014 INCOME SOURCE AND TOTAL:** $________________________

6. Your estimated monthly support of dependent(s) $____________ per month, over and above the support received through any federal or state programs listed below.

7. **Source(s) of support**

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<th>Source(s) of support</th>
<th>Amount per Month</th>
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<tbody>
<tr>
<td>____________________</td>
<td>$________________</td>
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**Additionally you must submit the following:**

1. Proof of student’s income (January 2013 to date).
2. Copy of Rental/Lease Agreement or of home ownership for your current address.
3. Written statement signed by other dependents supporting your claim.

_______________________________________________________________

Student’s signature Date

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**OFFICE Use Only**

_______ Approved

Comments:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

_______ Denied

Comments:
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Specialist: ________________________________

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