

2022-2023 PROOF OF DEPENDENT SUPPORT

Student Financial Services

Last Name			First Name		M.I.	Student ID	
Street A	Address		City	State	Zip	Phone Number	
support must clo but is n	ting depe early dem ot limited	ndent(s) who will rec nonstrate how you su I to: money spent on	eive more than 509 apport yourself and housing, food, clot	% of their suppor provide more th hes, medical care	t from you betwee an 50% support fo e, and other similar	verification worksheet that you are n July 1, 2022 and June 30, 2023. You r your dependent(s). Support includes r expenses. If you are unable to submit ervices for further guidance.	
		unable to meet the digor to include you			the age of 24, you	must correct your FAFSA at	
1.		ist the name and age	s of your depender				
	Name	of dependent		Age	Relationship		
	If childr	en are listed, please	provide a conv of th	ne child's hirth ce	rtificate		
	ii ciiiai	en are nateu, pieuse	provide a copy or tr	ic cilia 3 bir cir cc	remedie.		
2.	Where are you currently living?						
		Own home. Provide	a copy of a lease o	r housing agreer	nent in your name.		
		With parent(s)					
		Other (please list na	ame of person and	relationship to yo	ou):		
 4. 	Where do the dependent(s) named above live?						
		With you the stude					
		With the student's		rolationship to w	\·		
	_	Other (please list he	anie or person and	relationship to yo	ou)		
	Are you receiving any of the following types of assistance or benefits? (check all the apply)						
	-	Please provide proof of benefits received					
		Social Security					
		TANF/CalWorks					
		SNAP, CalFresh, or t	ood stamps				
		WIC					
		Medicaid					
		Other:					
5.	Are you paying for childcare costs for your child/dependent?						
	•	✓ Yes. Please attach proof of payment.					
		No. If no, are you re	• •	are from a friend	or relative? [] Ye	s []No	
6.		receiving child supp			hild support receiv	red.	
		Yes. Total received					
			you receive per m	onth July 1, 2022	to June 30, 2023?	\$	
		No					

	Does anyone provide financial support for you and your child/dependent, other than yourself? Yes. Total received 2020 \$ How much will you receive per month July 1, 2022 to June 30, 2023? \$ Name of persons(s) providing support and relationship to you:						
□ No							
O And the transmitter and a second							
8. Are you currently employed?	nt novetub						
Yes. Please submit a copy of your most receNo	nt pay stub.						
3 110							
9. Did you file a 2020 Federal Income Tax Return?	Did you file a 2020 Federal Income Tax Return?						
☐ Yes. Please submit a copy of your 2020 Fede	eral Income Tax Return Transcript.						
	s a dependent on your 2020 tax return? [] Yes [] No						
□ No	. ,						
	1.1						
10. Provide the following monthly household living expe	•						
Expense	Average monthly amount						
Housing (mortgage, rent, other)	\$						
Utilities (electricity, gas, water)	\$						
Food Phone Internet Cable	\$ \$						
Phone, Internet, Cable Transportation (insurance, gas, car payment)	\$						
Monthly Total							
Certification and Signatures							
	any attachment hereto is true, complete, and accurate to the best of iid based on incorrect information, I will need to repay it, and I may be						
Student Signature	Date						
Email address for follow-up questions:	 -						
University of Redlands Student Financial Services Office Use	Only:						
- Annual Marks was at test							
Approved: Meets support test							
☐ Denied: Does not meet support test							
Comments:							
comments.							
(SFS Staff Signature)	Date)						

Student ID:

Student Name: