

Panther ID Number									

## PROOF OF DEPENDENT(S) FORM 2009-2010

Student's Last Name				First				MI	
Phone Number						Date of Birth			
Home (     )		Cell (     )			-		-	1	9
Address									
Street								Apt/Suite No.	
City				State			Zip Code		

When you completed your 2009-2010 Free Application for Federal Student Aid (**FAFSA**), you stated that you were responsible for dependents other than your children or spouse. Our office is required to verify data that we have on file from students and their families as part of the verification process. Please provide additional information concerning your filing status for the 2009-2010 academic year. Immediate Response Required. **DO NOT LEAVE ANY BLANKS.** Please print your answers.

### DEPENDENT INFORMATION

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, 2010.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER	COLLEGE	S / P / O* (SEE NOTE BELOW)

\* Where do the above dependent(s) live?    **S** = with Student                      **P** = with Student's parents                      **O** = Other / explain below

If you answered "**O**" (other) above, please explain:

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What child care provisions, if any, have you made for your dependent(s) while you are in class? \_\_\_\_\_

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Please provide an explanation of your circumstances (**REQUIRED**) \_\_\_\_\_

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You (the student) will live:

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

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Please list below your dependent's income and assets for 2008; such as wages, tips, untaxed income, Social Security benefits, retirement income, etc. (Additional information may be requested)

Dependent Income and Assets	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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 below and/or by child support received.

\$\_\_\_\_\_ per month

**Please list all sources of your (the student) support.** (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).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 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 \_\_\_\_\_

**FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL RESULT IN THIS FORM BEING RETURNED TO YOU.**

Return form to:

**OFFICE OF STUDENT FINANCIAL AID**  
P.O. Box 4040 Atlanta GA 30302-4040  
Phone: 404-413-2400 Fax: 404-413-2102

**ONE STOP SHOP**

Sparks Hall.....rooms 227 and 228  
Kell Hall .....room 292  
Hours: Monday – Friday from 8:30am to 5:15pm