## Proof of Dependent(s) Form 2024-25



This form is used to gather information from unmarried students who are under 24 years old and claim to have dependents.

Please answer **ALL** questions carefully and attach supporting documentation.

Submit Federal 1040 tax form for 2022 along with W-2's and child support received and/or paid **DO NOT LEAVE ANY BLANKS**. Please print your answers.

Name		
Social Security Number XXX-XX		
Phone	Email	
Permanent Address		
City	State	Zip Code

1. Please list below the names and ages of **YOUR** dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2024, and June 30, 2025. Include your children if they get **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

- a.) They now live with you
- b.) They now get more than half their support from you
- c.) They will continue to get this support from you between July 1, 2024, and June 30, 2025.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependent.

Name	Age	Relationship to Student		

2. Where do the dep	endent(s) named above live? (Che	eck only one.)					
[] With the student	[ ] With the student's parent(s)	s parent(s) [ ] Other If Other is ch			ecked, please explain:		
3. What child care p  ———————————————————————————————————	rovisions have you made for while	attending class;	studying, etc.?				
4. You will live:  If Other is checked, p	[ ] With your parent(s) [ ] blease explain:	On Campus	[] Other				
•	by your parent(s) on their previou			[]Yes	[ ] No		
				[]Yes	[ ] No		
If yes, please	list the name of that person and the	heir relationship	to you, the student	•			
Name:		Relationsh	ip:				
support received thro	timated monthly expense for the sough any programs listed below.	support of your d	ependent(s), <u>over</u>	and above	the		
\$	per month						
recent check stub; A	ce(s) of support. You must attach FDC check; cancelled checks or o ram eligibility notice; any other be	ther proof of chil	d support paid/rece	-	-		
By signing this works	sheet, I certify all the information re	eported is comple	ete and correct				
Student Signature:			Date:				
Please Return To:	<b></b> _				<del>-</del>   		
Trine University Financial Aid Office 1 University Ave Angola, IN 46703	<b>Main Ca</b> 800-347 260-665-4	-4878		CGPS 877-294-4878 260-665-4511 fax			