Proof of Dependent(s) Form 2023-24



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 2021 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, 2023 and June 30, 2024. 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, and
- b.) They now get more than half their support from you, and
- c.) They will continue to get this support from you between July 1, 2023 and June 30, 2024.

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 dependent(s	s) named above live? (Chec	ck only one.)				
[] With the student [] Wit	h the student's parent(s)	[] Other	If Other is checked, please explain:			
What child care provisions	s have you made for while a	attending class;	studying, etc.?			
4. You will live: [] Wit		On Campus	[] Other			
If Other is checked, please e	лріант. 					
5. Were you claimed by your	parent(s) on their previous	year (2021) tax	return?	[]Yes	[] No	
6. Was your dependent claim	ned by anyone other than yo	ou on the previo	ous year (2021) tax	return?		
				[]Yes	[] No	
If ves, please list the	name of that person and the	eir relationship	to vou. the student			
Name:		Relationshi	•			
7. Please list your estimated support received through any				and above	the	
\$	per month					
8. Please list all source(s) of recent check stub; AFDC che Insurance; WIC program elig	eck; cancelled checks or oth	ner proof of child	d support paid/rece	•	•	
By signing this worksheet, I d	ertify all the information rep	oorted is comple	ete and correct			
Student Signature:			Date:			
Please Return To:					 !	
Trine University Financial Aid Office 1 University Ave Angola, IN 46703	Main Cam 800-347-4 260-665-45:	878		877-294 260-665-452		