



2017-18 Dependent Financial Support Verification

STUDENT INFORMATION

Student Name _____ AU Student ID _____

On your 2017-2018 FAFSA, you reported that you have a dependent for whom you provide more than 50% of financial support. Complete this form to verify how you will provide a majority of your own financial support and more than 50% of your dependent's financial support from July 1, 2017 - June 30, 2018. If you reported dependent information in error, please revise your FAFSA.

Current Monthly Income

Source of Income	Monthly Amount
	\$
	\$

Current Monthly Expenses

Type of Expense	Provided by Student	Provided by Other Individuals (i.e. Parents, Grandparents, etc.)		Provided by Government (i.e. SNAP, TANF, WIC, etc.)	
		Amount	Relationship to Student	Amount	Type of Assistance
Rent/Mortgage	\$	\$		\$	
Utilities	\$	\$		\$	
Food	\$	\$		\$	
Clothing	\$	\$		\$	
Transportation	\$	\$		\$	
Insurance	\$	\$		\$	
Medical	\$	\$		\$	
Child Care	\$	\$		\$	
Personal Expenses	\$	\$		\$	
Other _____	\$	\$		\$	
Total:	\$	\$		\$	

Please describe where you live, including the type of housing, and list all the people living in your household and their relationship to you.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it may take the Office of Financial Aid up to two weeks to process documents.

Student Signature _____

Date _____