



Student Financial Aid
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 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2021-2022
Dependents other than children

DEPS

Student Name _____ Univ. ID # _____

Your 2021-2022 federal financial aid application has been selected for verification, a process required by federal regulation. Requested information must be submitted as soon as possible. **Financial aid cannot be offered until the verification process has been completed.**

You reported on the FAFSA that you are independent by having a dependent (other than children or a spouse) who lives with you and who receives more than half of their support from you, now and through June 30, 2022. Please complete the form to verify this information. Please provide legal documentation, if applicable.

Note: Submitting this form and documentation does not make one independent. Documentation will be reviewed for a decision.

Name of Dependent	Relationship to you	Age	Will this person live with you from July 1, 2021 through June 30, 2022?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer each question below as well as the worksheet on the back. This form will not be processed if incomplete.

- Was the dependent(s) claimed on your 2019 Federal Income Tax Return? Yes No
 If no, who claimed the dependent(s)? _____ Relationship to dependent(s)? _____
 Explain why you did not claim the dependent(s). _____
- Was the dependent(s) or will the dependent be claimed on your 2020 Federal Tax Return? Yes No
 If no, who will claim or who claimed the dependent(s) in 2020? _____ Relationship to dependent(s)? _____
 Explain why you did not or will not claim the dependent(s). _____
- Where do you live? On Campus Off campus (Apartment or family housing) With Your Parents
- Do you provide more than half of the support for the dependent(s)? Yes No
- Are you currently employed? Yes No
 If no, explain how you supported the dependent(s)? _____

- How much did you earn in 2019? _____ How much did you earn in 2020? _____
- Expected earnings for 2021? _____
- Did you receive any other support for the dependent(s) in 2019? Yes No
 If yes, how much did you receive? _____

Complete the worksheet and sign the back of this form. This form will not be processed if incomplete.

2021 Expenses: Report your monthly expenses for the 2021 year and how they were paid. Types of expenses are listed in the first column. Enter your monthly expense in the second column. In the third column, give the relationship(s) of the person(s) or the agency who paid the expense or provided the item for you. If you paid the cost, enter "Self".

Expense	Monthly Expense	Who Paid For/ Provided on Your Behalf?
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	
Child Care	\$	
Total	\$	

Submit one the following documents. We reserve the right to ask for additional documentation verifying support. These are suggested items that may help us make a determination.

- Legal court documents
- A copy of health insurance card/dental card in your name for the dependent(s)
- Documentation of housing (copy of lease agreement or utility bill in your name) showing dependent(s) in the household
- Occupancy permit including dependent(s)
- Day care provider information and documentation of payments made by you for the dependent(s)
- Documentation of TANF/WIC/SNAP or other federally subsidized programs in your name for the dependent(s)
- Documentation of child support received

Note: If you cannot verify that you provide 51% of the support for the dependent(s), and/or the dependent(s) does not live with you, and/or is not claimed on your taxes, mark the box below and sign the form and submit to our office. **You are not independent and must file using parental information.** You will need to go online to make the correction at www.studentaid.gov. Make sure your parent signs the FAFSA. Submit the Institutional Verification Form (IVF), and a signed copy of your parent(s) 2019 IRS Federal Tax Return, if applicable.

- I **do not** provide more than half of the support for the dependent(s) and cannot provide documentation of support.

I certify that ALL of the information on this form is true and complete.

Required Student Signature

Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.