

Student Financial Aid 2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060

Phone: (618) 650-3880 Fax: (618) 650-3885 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid 2023-2024

Legal Dependents

LEGDP

Student Name		Univ. ID #				
	2023-2024 FAFSA has been selected for verification, a procesuitted as soon as possible. Financial aid cannot be offered until	1 ,				
conti	have received information from your 2023-2024 FAFSA that nue to receive more than half their support from you between certificate.					
Note.	Note: Submitting this form and documentation does not make one independent. Documentation will be reviewed for a decision.					
	Name of Child	Age	Will the child live with you from July 1, 2023 through June 30, 2024?			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
	Answer each question below as well as the worksheet on the	e back. This form wil	l not be processe	ed if incomplete.		
1.	Was the child(ren) claimed on your 2021 Federal Income Tax	Return?	☐ Yes	□ No		
	If no, who claimed your child(ren)?		Relationship	to child?		
	Explain why you did not claim the child(ren).					
2.	Was the child(ren) or will the child(ren) be claimed on your 2021 Federal Tax Return? ☐ Yes ☐ No					
	If no, who will claim or who claimed the child(ren) in 2021?Relationship to child(ren)?					
	Explain why you did not or will not claim the child(ren).					
3.	Where do you live?					
4.	Do you provide more than half of the support for the child(ren)?	☐ Yes	□ No		
5.	Are you currently employed?		☐ Yes	□ No		
	If no, explain how you support your child(ren)?					
6.	How much did you earn in 2021?	How much did you ear	rn in 2022?			
7.	Expected earnings for 2023?	_				
8.	Did you receive child support for the child(ren) in 2021?		☐ 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.

2023 Expenses: Report your monthly expenses for the 2023 year and how they are 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". Please leave **NO** blank boxes.

Expense	Monthly Expense	Who Paid For/ Provided on Your Behalf?				
Housing	\$					
Utilities	\$					
Food	\$					
Clothing	\$					
Transportation	\$					
Medical	\$					
Personal	\$					
Child Care	\$					
Total	\$					
□ Documentation of child support received □ Daycare provider information and documentation of payments made by you for the child(ren) Note: If you cannot verify that you provide 51% of the support for the child(ren), and/or the child(ren) 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						
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 studentaid.gov . Make sure your parent signs the FAFSA. Submit the Institutional Verification Form (IVF), a copy of your parents' 2021 IRS						
Federal Tax Return to our office, if applicable.						
☐ I do not provide more than half of the support for my child and cannot provide documentation of support.						
I certify that ALL of the information on this form is true and complete.						

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

Required Student Signature

Date