## LEGAL DEPENDENT VERIFICATION FORM

You indicated on youFAFSA that you have children and/odependents who receivous will be receiving more than half of their support you. , I \ RD XDH= 100 WRK R/Z KDHE L 100 WRW \$ S R LUGWH \$ RRH XQLGSH-DQHV10 WH F R P S 00 WHX030 RVHF X PDHQX050 WE IZ L WY K DR IFRRXSU mestent pay statement. , ID \URHQ D 150 OS UH R Y L G H V X S S R U WK DRPUND \USHQRUM BANDAMMHRURGW KI IR VU P

Student Name:					
IUP email					
Permanent Address: _ B B B B B B B B B B B	BBBBBBBBBBBBB				
School (local)Address: B B B I	B				
1. Please list the namesd ages of YOUR d	ependents and threilationshipto you.				
Names of Children/Legal Dependents	Age of Children/Legal Dependents	Relationship to You			
Who do the children/egal dependents (lis	sted above) li <b>we</b> th during the schoo <i>l</i> ear	?			
	_				
Who do you, the student, livewith during	the schoolear(i.e. your parents, etc):				
Vour currentmonthly income	_				

			will you receive upport type(s) o		lowing for the ch	ild or l	egal depen	dent? If ye	s, submit	
WIC:		] Yes ] No	Amountper mo	onth:	Medicaid: [	] Yes ] No	s Amountp	ermonth:		
6 1 \$:3	] ]	] Yes ] No	Amountpermo	onth:	Child Suppo		Yes Amoυ Nφ	ıntpermont	:h <u>:</u>	
			adependents d n/legal depend		ı indicat <b>t</b> he mo	nthlyar	nountyou p	ay in finand	cial	
Who p	rovi	desmed	dical insurancto	or you?						
Name:				Relationship to you:						
1 . Who	prov	videsme	edical insurance	for your childrer	/legablependent	s?				
Name:					Relationship to you:					
			•	_	st ½ time? their Næmand Ba					
					RI\RXU P  WKDW O					
	QG	HQI	NV DQG		QWLQXH					
Student S	Signa	ature			Da	te				
,0325	7\$	17								

,f you d R not provide mothan half of your child/dependent's monthly financial support, you must log in to your FAFSA and make a correction to

FKDQJH WKH DQVZHU WR WKH GHSHQGHQW·V TXHVWLRQ WR 'DGG SDUHQWDO LQIRUPDWLRQ WR \RXU )\$)6\$

1RWH 7KH ILQDQFLDO DLG RIILFH PD\ UHTXHVW DGGLWLRQDO L