



2018-2019 PROOF OF DEPENDENTS WORKSHEET

Contact Information
P: 610-436-2627
E: finaid@wcupa.edu
www.wcupa.edu/finaid

Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

Student First Name: _____ Student Last Name: _____

WCU ID #: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Note: Dependents are those people who will live with you **more than 6 months** and for whom **you** will provide **more than one-half** of their support between **July 1, 2018** and **June 30, 2019**. Support includes money, housing, clothes, medical/dental care, child care costs, and similar expenses. **You must provide documentation**, such as receipts, to substantiate your claim of support for those persons listed below as dependents.

1. List the names and ages of **your** legal dependent(s) and their relationship to you the student. You must **attach** legal documentation of their relationship (birth certificate, legal guardianship).

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Where do the dependent(s) named above live? Check one answer.

- With the student in the student's apartment or house (**Attach** a copy of lease or mortgage statement.)
- With the student's parent(s)
- Other: Please explain: _____

3. You (the student) live with? Check one answer.

- With your parent(s)
- Other: Please provide the address: _____

4. What child care provisions have you made for your dependent(s) while you are in class?

5. Were you (the student) claimed by your parent(s) on their **2017** tax return?

Check one answer: YES NO

6. Were the dependent(s) named above claimed by anyone other than you (the student) on a **2017** tax return?

Check one answer: YES NO NOT BORN until **2018**

If yes above, please list the name of the person claiming the dependent and their relationship to you.

Name: _____ Relationship: _____

7. Will you claim your own personal exemption on the upcoming **2018** tax return? Check one answer: YES NO

Please return all document by email or mail
Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383
Please note: We will no longer accept fax documents



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8. Who will claim the dependent on the 2017 tax form? Give the individuals name and relationship **to the dependent**.

Name: _____ Relationship: _____

9. Do you currently receive TANF? **Attach** Documentation. Check one answer: YES NO

10. Do you currently receive court ordered child support? **Attach** documentation. Check one answer: YES NO

11. List the current MONTHLY EXPENSES you incur for:

Your dependent(s):		Yourself:	
\$ _____	Food	\$ _____	Food
\$ _____	Clothing	\$ _____	Clothing
\$ _____	Medical	\$ _____	Medical
\$ _____	Childcare	\$ _____	Transportation
\$ _____	Other	\$ _____	Housing
		\$ _____	Utilities

If you reported \$0.00 in any of the above categories, include a **detailed explanation** below as to why you have indicated no expense for those categories.

12. List the total of ALL current Monthly INCOME/SUPPORT received by the student. You must **attach** supporting documents. **Examples include:** copy of most recent Year to Date paystub, TANF check stub, WIC eligibility notice for your dependent(s), proof of child support paid to you, bills in your name paid by someone else, money or in-kind support from parent(s) or other individuals.

\$ _____ - Source: _____
 \$ _____ - Source: _____
 \$ _____ - Source: _____
 \$ _____ - Source: _____

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

If you would like to add *additional documentation* to support your status as an independent student with dependents, please feel free to indicate so by **attaching** to this form.

Student Signature: _____ Date: _____

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