

2020-2021 PROOF OF DEPENDENTS WORKSHEET

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

Student's Name:		WCU ID #:	WCU ID #:	
de	u filed the Free Application for Federal Student Appendent for whom you provide more than half pendent and return to the Financial Aid Office w	f of his or her support. Please compl	lete all parts of this worksheet for each	
Dependent's Name		Relationship to You	Relationship to You Date of Birth	
	ction A: Answer each of the following question Where will you live while you are in school?			
	-			
3.	Who claims your child/legal dependent on their federal tax return?			
3. 4.	Who pays for your child's/legal dependent's childcare (if applicable)?			
	Who pays for your child's/legal dependent's food?			
5. 6.	Who pays for your child's/legal dependent's n			
٠.	who pays for your china sy legar dependence in	medical fields.		
de	ction B: Answer each of the following questic pendent. If you answer "Yes" to any question at type of assistance.			
	Do you receive Women, Infant, and Children P	rogram Benefits (WIC)?	Yes No	
2,	Do you receive Supplemental Nutrition Assista	ance Program (SNAP) Benefits?	Yes No	
3.	Do you receive Medicaid for your child or lega	l dependent?	Yes No	
	If yes, amount per month?			
4.	Do you receive child support?		Yes No	
	If yes, amount per month?			
5.	Other		Yes No	
	If yes, amount per month?			
	ction C: Required Documentation to be submild – Please submit one of the following if you 1. Copy of child's birth certificate	u have a child		
L۵	Unborn child – Statement from doctor gal Dependent – Submit both items	r indicating pregnancy and due date i	if the child is not born yet.	
ЦС	1. Signed letter of explanation for legal of	dependent.		
	2. If your legal dependent has any source	e of income, provide a list of all sourc	ces and amounts of income. Submit a	
Su	copy of their tax return, social security bmit Documentation for both Child and Lega			
	1. Copy of lease or rental agreement sho	-	al dependent live	
	2. Copy of child/dependent care expense			
	3. Copy of any federal subsidized progra4. List all sources and amounts of incom			
in	signing this information request, I certify that a order for your proof of dependent to be reviewed, sentenced to jail, or both.			
Stı	udent Signature		Date [.]	