## PROOF OF DEPENDENTS WORKSHEET

Student's Name:			WCU ID #: _		
dep	oendent	e Free Application for Federal Student Ai for whom you provide more than half o and return to the Financial Aid Office wi	of his or her support. Please complet	e all parts of this worksheet for each	
Dependent's Name			Relationship to You	Date of Birth	
		Answer each of the following question will you live while you are in school?			
2.	Where	Where does/will your child/legal dependent live while you are in school?			
3.	Who cl	Who claims your child/legal dependent on their federal tax return?			
4.	Who pays for your child's/legal dependent's childcare (if applicable)?				
5.	Who pays for your child's/legal dependent's food?				
6.	Who pays for your child's/legal dependent's medical needs?				
de <sub>]</sub> tha	penden it type o	Answer each of the following question is. If you answer "Yes" to any question if assistance.	below, attach a copy of documentat	ion that verifies your receipt of	
	-	receive Women, Infant, and Children Pro		Yes No	
2,		receive Supplemental Nutrition Assistan		Yes No	
3.	Do you	receive Medicaid for your child or legal	dependent?	Yes No	
	If yes	, amount per month?			
4.	Do you	receive child support?		Yes No	
	If ye	s, amount per month?			
5.	Other_			Yes No	
	If ye	s, amount per month?			
Ch Leg Sul	ild – Ple 1. 2. gal Depo 1. 2. bmit Do 1. 2. 3. 4.	Required Documentation to be submitase submit one of the following if you Copy of child's birth certificate Unborn child – Statement from doctor in the following in the content of the following if your legal dependent has any source copy of their tax return, social security, cumentation for both Child and Legal Copy of lease or rental agreement show Copy of child/dependent care expenses Copy of any federal subsidized program List all sources and amounts of income	have a child indicating pregnancy and due date if the ependent. of income, provide a list of all sources, or any other source of income.  Dependents ving where you and the child or legal of (if applicable) ins (WIC, Food Stamps, Medicaid, etc). (Child support, parental, support, etc.)	s and amounts of income. Submit a dependent live	
in (	order for	this information request, I certify that all your proof of dependent to be reviewed enced to jail, or both.			

Date: \_\_\_\_\_

Student Signature: