



2016-2017 Proof of Dependents Form

DEPDOC

Name: _____ Evergreen ID: _____
(print) Last First MI

Address: _____ Phone: (____) _____
Street City State ZIP

This form is used to gather information from unmarried students under the age of 24 who claim dependents on the Free Application for Federal Student Aid (FAFSA).

Dependents are those people you will support between **July 1, 2016 and June 30, 2017**. Support includes: money, housing, food, clothes, car, medical and dental care, payment of college costs, and other expenses.

List the names and ages of YOUR dependents and their relationship to you below. Explain where your dependent(s) live, for example: with you, your divorced spouse, or with grandparents, or write *other*, and explain.

Include your children if they receive more than half of their support from you. ***Attach legal documentation of their relationship (e.g. birth certificate, legal guardianship, etc.).***

Include others only if they meet the following criteria:

- they now live with you, **and**
- they now get more than half of their support from you, **and**
they will continue to get this support from you between July 1, 2016 and June 30, 2017.

For individuals from this category, document all income and assets for 2015, including wages, tips, untaxed income, Social Security benefits, retirement income, etc. *Attach a separate letter of explanation identifying the sources and amount of their income and assets and include a 2015 IRS Tax Transcript available from the IRS.* You may be contacted for additional information.

Name	Age	Relationship	Where does this dependent live?

If you answered *other* for your dependent's residence, please explain: _____

You (the student) will live: ☐ With your parents ☐ Other

If the answer is *other*, please explain: _____

Student Signature: _____ Date: _____

Office of Financial Aid