



Financial Aid Office
 1375 S Clare Ave, Harrison, MI 48625 • Phone: 989-386-6664, Fax: 989-772-2386
finaid@midmich.edu

2022-2023 VERIFICATION OF SUPPORT OF DEPENDENTS

You have indicated that you have a child or dependent(s), or that your parent(s) support a nontraditional family member. To include any individual on your FAFSA, you must document that you provide more than 50% of his or her financial support between July 1, 2022 to June 30, 2023. Complete this form to identify if you are eligible to include a dependent in your household.

Student's name: _____ Student ID# _____ Phone: _____

| Name of Dependent | Relationship to student | Dependent lives with me/us |
|-------------------|-------------------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 1.) Indicate the amount of support you or your parent (if you are a dependent student) currently provides for the person(s). Do not leave blanks; indicate \$0 if none provided. | | 2.) Indicate the amount of income and/or benefits the person(s) receive on their own behalf. Do not leave any blanks; indicate \$0 if none received. | |
|--|----------------|--|----------------|
| | Monthly Amount | | Monthly Amount |
| Rent/Mortgage | \$ | Wages Earned from Work | \$ |
| Utilities (Electric/Gas) | \$ | Unemployment/Workers Compensation | \$ |
| Phone/Cell Phone | \$ | Social Security Benefits | \$ |
| Vehicle (Insurance, gas, loan payment, maintenance) | \$ | Public Assistance (TANF, SNAP, WIC) | \$ |
| Medical/Health Insurance | \$ | Child Support Received | \$ |
| Food | \$ | | \$ |
| Personal or Other Expenses (Specify: _____) | \$ | Other Sources of Income (Specify: _____) | \$ |
| | | | |
| Total monthly amount Q1 | \$ | Total monthly amount Q2 | \$ |
| 50% of Q1 | | | |

Is 50% of Question 1 more than the total of Question 2?

Yes. Support test for dependent has been met and individual can be included in household size. You may sign and submit the form to the Financial Aid office.

No. Support test for dependent has not been met and individual cannot be included in household size. Return the form to the Financial Aid office, a new household size worksheet will need to be submitted omitting listed dependents prior to completion of verification.

Certification:

I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student signature: _____ Date: _____
 Parent signature: _____ Date: _____