



2018-2019 Proof of Dependent(s) Form

James Madison University
Office of Financial Aid & Scholarships
738 South Mason St., MSC 3519
Harrisonburg, VA 22807
Phone: 540-568-7820
Fax: 540-568-7994
Email: verification@jmu.edu

STUDENT NAME: _____ **STUDENT ID#** _____

This form is used to gather information from unmarried students who are under 24 years of age and claim to have dependents.

Please answer **ALL** questions carefully and attach supporting documentation. **DO NOT LEAVE ANY BLANKS.**

Name:	
Social Security Number:	
Address:	
City:	
State:	
Zip:	

1. Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship. (e.g., birth certificate, legal guardianship, etc.)

Dependents are those people that you will support between July 1, 2018 and June 30, 2019. Include your children if they get **MORE THAN HALF** of their support from you. Support includes money, housing, food, clothes, medical and dental care, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Include other people only if they meet ALL the following criteria:

- a. They now live with you, and
- b. They now get more than half their support from you, and
- c. They will continue to get this support from you between July 1, 2018 and June 30, 2019.

Name:	Age:	Relationship:

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

- with the student
 with the student's parent(s)
 other

If "Other" is checked, please explain:

3. What provisions for child care have you made for the time while you are in class?

4. You (the student) will live:

- With your parent(s)
 Other

If "Other" is checked, please explain:

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

- No
 Yes

6. Was your dependent claimed by anyone other than you (the student) on his 2017 tax return?

- No
 Yes

If "Yes", please list the name of that person and their relationship to you, the student.

Name:	Relationship:

7. Please list the estimated monthly expense for the support of your dependent(s), over and above the support received through any federal programs listed below.

\$		Per month

8. Please list all sources of support. You must attach supporting documents. (Examples include: copy of most recent pay stub, welfare benefits including TANF and/or SNAP, cancelled checks or other proof of child support paid, WIC program eligibility notice, etc.)

1.	
2.	
3.	
4.	

STUDENT SIGNATURE

DATE

Student ID# _____