## SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Student Name \_\_\_\_\_

## **Student Financial Aid**

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060

Phone: (618) 650-3880 Fax: (618) 650-3885
Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

Univ. ID #

2024-2025
Dependents Other Than

Children

DEPS

Yo	our 2024-2025 FAFSA has been selected for verification, a processubmitted as soon as possible. Financial aid cannot be off						
	u reported on the FAFSA that you are independent by having a d who receives more than half of their support from you, now and information. Please provide lega	through June 3	0, 2024. Please c				
1	Note: Submitting this form and documentation does not make on	e independent.	Documentation	will be reviewed for a	a decision.		
	Name of Dependent	Relationship to You	Age	Will this person live with you from July 1, 2024 through June 30, 2025?			
				☐ Yes ☐ No			
				☐ Yes ☐ No			
	Answer each question below as well as the worksheet on	the back. This	form will not be	e processed if incom	iplete.		
1.	Was the dependent(s) claimed on your 2022 Federal Income	Γax Return?		☐ Yes	□ No		
	If no, who claimed the dependent(s)?						
	Explain why you did not claim the dependent(s).						
2.	Was the dependent(s) or will the dependent be claimed on your 2023 Federal Tax Return?						
	If no, who will claim or who claimed the dependent(s) in 2023?Relationship to dependent(s)?						
	Explain why you did not or will not claim the dependent(s).						
3.	Where do you live?	☐ Off Can	pus (Apartment)	☐ With Parents	5		
4.	Do you provide more than half of the support for the dependent(s)?			☐ Yes	□ No		
5. Are you currently employed?				☐ Yes	□ No		
	If no, explain how you supported the dependent(s)?						
6.	How much did you earn in 2022?	How much o	lid you earn in 20	)23?			
7.	Expected earnings for 2024?		,				
8.	Did you receive any other support for the dependent(s) in 202			☐ Yes	□ No		
- *	If yes, how much did you receive?						
		<del>_</del>					

Complete the worksheet and sign the back of this form. This form will not be processed if incomplete

**2024 Expenses**: Report your monthly expenses for the 2024 year and how they were paid. Types of expenses are listed in the first column. Enter your monthly expense in the second column. In the third column, give the relationship(s) of the person(s) or the agency who paid the expense or provided the item for you. If you paid the cost, enter "Self".

Expense	Monthly Expense	Who Paid For/ Provided on Your Behalf?					
Housing	\$						
Utilities	\$						
Food	\$						
Clothing	\$						
Transportation	\$						
Medical	\$						
Personal	\$						
Child Care	\$						
Total	\$						
<ul> <li>□ Legal court documents</li> <li>□ A copy of health insurance card/dental card in your name for the dependent(s)</li> <li>□ Documentation of housing (copy of lease agreement or utility bill in your name) showing dependent(s) in the household</li> <li>□ Occupancy permit including dependent(s)</li> </ul>							
☐ Day care provider in	☐ Day care provider information and documentation of payments made by you for the dependent(s)						
☐ Documentation of ch	☐ Documentation of child support received						
Note: If you cannot verify that you provide 51% of the support for the dependent(s), and/or the dependent(s) does not live with you, and/or is not claimed on your taxes, mark the box below and sign the form and submit to our office. <b>You are not independent and must file using parental information.</b> You will need to go online to make the correction at <a href="https://www.studentaid.gov">www.studentaid.gov</a> . Make sure your parent signs the FAFSA. Submit the Institutional Verification Form (IVF), and a signed copy of your parent(s) 2022 IRS Federal Tax Return, if applicable.							

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.

Date

□ I do not provide more than half of the support for the dependent(s) and cannot provide documentation of support.

I certify that ALL of the information on this form is true and complete.

Required Student Signature