PROOF OF DEPENDENT(S) FORM  
2016-2017

This form is used to gather information from unmarried students who are under 24 years old with dependents. Please answer ALL questions carefully and attach supporting documentation. DO NOT LEAVE ANY QUESTIONS BLANK.

Name:  __________________________________________ CLID#: _____________________
Address: ____________________________________________________________________
City: ____________________________ State: _____________ Zip Code: ____________

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, 2016 and June 30, 2017. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

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

Support includes money for housing, food, clothes, medical and dental care, schooling, and similar expenses. You must provide documentation to substantiate your claim of support for your dependent(s).

Please list your dependent(s) below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Student</th>
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2. Where do the dependent(s) named above live?
   □ With the student
   □ With the student’s parent(s)
   □ Other (please specify)__________________________

3. You (the student) will live:
   □ With your parent(s)
   □ On campus (Dorm, Legacy, Cajun Village)
   □ Off campus (please specify)__________________________

4. What child care provisions have you made for your dependent(s) while you are in class?
   _____________________________________________
5. Were you (the student) claimed by your parent(s) on their 2015 federal tax return?
   ☐ Yes
   ☐ No

6. Did you (the student) claim your dependent(s) on your 2015 federal tax return?
   ☐ Yes
   ☐ No: Please list the name of the person who claimed them and their relationship to you.
   Name: __________________________________________ Relationship: ______________________

7. Do you receive WIC or Medical card?
   ☐ Yes: Please provide a copy of the voucher/card.
   ☐ No

9. Do you pay child support?
   ☐ Yes: Total amount paid in 2015 $_________  Amount paying monthly in 2016 $_________
   ☐ No

10. Please indicate all financial resources/support that apply to you and your dependent(s).
    YOU MUST ATTACH DOCUMENTATION FROM ALL SOURCES FOR 2015 AND 2016
    (i.e., 3 current y.t.d. check stubs, W-2, tax return & statements).

    | Source of Support          | Total Amount Earned/ Received in 2015 | Monthly Earnings/ Assistance in 2016 |
    |---------------------------|----------------------------------------|-------------------------------------|
    | Wages from Work           | $__________________                   | $__________________               |
    | Child Support Received    | $__________________                   | $__________________               |
    | TANF                      | $__________________                   | $__________________               |
    | Child Care Assistance     | $__________________                   | $__________________               |
    | Housing/Utility Assistance| $__________________                   | $__________________               |
    | Food Stamps (SNAP)        | $__________________                   | $__________________               |
    | Other:                    | $__________________                   | $__________________               |

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that the penalty for providing false or misleading information is a $10,000 fine, a prison sentence or both.

Signature_________________________________________ Date____________________