

**2020-2021  
Verification of  
Dependents**



**Complete Form & Return via:**  
**Mail:** Office of Financial Aid  
 9201 University City Blvd. Charlotte, NC 28223  
**Fax:** (704) 687-1461  
**On Campus:** Niner Central, 380 Cone Center  
**Reminder:** No SSN can be accepted via email

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) states that you were responsible for dependent(s) who receive more than half of their support from you. Our office is required to verify data that you provided on the FAFSA as part of the verification process. **Your financial aid will not be processed until the form is complete and all required documentation is received.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Section A: DEPENDENT INFORMATION**

Dependents are those that you will support between July 1, 2020 and June 30, 2021. *Support includes money, housing, food, clothes, car, medical and dental care, payment of college cost and other expenses. **You cannot count support provided by your parents.***

Below, list the names and ages of **YOUR** dependents and their relationship to you. Include your children if they receive **MORE THAN HALF** of their support from you. Include other people **ONLY** if they meet the following criteria:

1. They live with you, **and**
2. They receive more than half of their support from you, **and**
3. They will continue to get this support from you between July 1, 2020 and June 30, 2021.

**You must attach legal documentation of their relationship. (i.e. Birth certificate, legal guardianship, court documents, etc.)**

Name	Age	Relationship
<i>Example: Norm</i>	3	<i>son</i>

**Section B: ADDITIONAL QUESTIONS**

1. Did your parent(s) claim you (the student) on their 2018 tax return?  Yes  No

If no, specify who claimed you:

Name	Relationship

2. Did you claim your dependent on your 2018 tax return?  Yes  No

If no, please list the name of the person who claimed the dependent and their relationship to you:

Name	Relationship



**Section B: ADDITIONAL QUESTIONS (continued)**

3. Who will claim the dependent (s) on their 2018 tax return?  
 Student       Parent (your parent)       Other (Specify)

4. Where do the dependents(s) named above live?  
 With student       With student's parent(s)       Other (Specify)

5. You (the student) will live:  
 With parent(s)       In own home/apartment (**Attach copy of lease/mortgage**)  
 Other (Specify) \_\_\_\_\_

6. What arrangements for childcare have you made for the time while you are in class?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you or your dependents currently receive any of the following benefits?  
a. WIC/ SNAP/ TANF      \_\_\_\_\_ YES (**Attach Documentation**)      \_\_\_\_\_ NO  
b. Child Support      \_\_\_\_\_ YES (**Attach Documentation**)      \_\_\_\_\_ NO  
c. Medicaid/ Private Insurance      \_\_\_\_\_ YES (**Attach Documentation**)      \_\_\_\_\_ NO  
d. SSI      \_\_\_\_\_ YES (**Attach Documentation**)      \_\_\_\_\_ NO

**Section C: CERTIFICATION AND SIGNATURE**

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the UNC Charlotte Financial Aid Office to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to \$20,000, face imprisonment, or both.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_