

Financial Aid Office

6420 SE 15th St • Midwest City, OK 73110 • Student Services Building, Room 200
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2024-2025 Verification of Other Dependents for Dependent Student

Student Name: _____ **RSC Student ID#:** _____

****Please fill out in Blue or Black Ink only****

****Scanned or printed copies only, photos of completed forms will not be accepted****

On your 2024-2025 Free Application for Federal Student Aid (FAFSA) you included other people in your parent(s) household and agreed that your parent(s) will provide more than half of their support and will continue to provide more than half of their support between July 1, 2024 and June 30, 2025. Our office requires additional information to determine if this person qualifies as a dependent of your parent(s) for federal financial aid purposes.

Section 1 - Your Parent(s) Dependents Other than a Child or Spouse

In the chart below, list all people that your parent(s) support ONLY if they:

- currently live with your parent(s), AND
- receive more than half of their financial support from your parent(s), AND
- will continue to receive more than half of their financial support from your parent(s) **from July 1, 2024 through June 30, 2025.**

Full Name	Age	Relationship	Will be Enrolled in College at least half time (Yes or No)

Section 2 - Sources of Financial Support for Your Parent(s) Dependents Other than a Child or Spouse

Check all boxes below and on the back of this page for **each type of Financial Support** the person(s) listed in Section 1 receives from your parent(s). **List the name of each person who receives the support, and the monthly amount of support the person receives support from your parent(s).** (Financial support may include earnings from work, Social Security Benefits, Unemployment Benefits, Support from Your Parent(s), Financial Aid, Child Support Received, Etc.)

☐ **Government Aid** – SNAP (food stamps), Financial Aid, Free or Reduced Price Lunch, Medicaid, Medicare, Military Benefits (Including Housing), Section 8, Special Supplemental Nutrition Program for Women, Infants & Children (WIC), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF):

☐ **Unemployment** (Provide the monthly amount for each person): _____

☐ **Earnings from Work** (Provide the monthly amount for each person): _____

☐ **Child Support Received** (Provide the monthly amount for each person): _____

☐ **Worker's Compensation** (Provide the monthly amount for each person): _____

☐ **Support from Your Parent(s)** (Provide the monthly amount for each person): _____

☐ **Other Income not Listed Above** (Provide the monthly amount for each person): _____

Once this form is reviewed, additional documentation could be required. Final determination of your parent(s) allowable household members will be made after review of all information received.

Section 3 – Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

WARNING: If you purposely give false or misleading information on this form, you may be fined, sent to prison, or both.