



**Financial Aid Office**

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**2025-2026 Verification of Other Dependents for Independent 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 2025-2026 Free Application for Federal Student Aid (FAFSA) you marked the question, “The student has children or other people (excluding their spouse) who live with the student and receive more than half of their support from the student now and between July 1, 2025, and June 30, 2026.” Our office requires additional information to determine if this person qualifies as your dependent for federal financial aid purposes.

**Section 1 - Your Dependents Other than a Child or Spouse**

In the chart below, list all people that you support ONLY if they:

- currently live with you, AND
- receive more than half of their financial support from you, AND
- will continue to receive more than half of their financial support from you **July 1, 2025 through June 30, 2026.**

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

**Section 2 - Sources of Financial Support for Your 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. **List the name of each person who receives the support, and the monthly amount of support the person receives.** (Financial support may include earnings from work, Social Security Benefits, Unemployment Benefits, Support from You, 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 You** (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 allowable household members will be made after review of all information received.

### **Section 3 – Certifications and Signatures**

By signing this form, I certify all the information reported is complete and correct.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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