

R _____
Student Rocket Number

Student Last Name

Student First Name



2023-24
SUPPORT OF A DEPENDENT WORKSHEET

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

You filed the Free Application for Federal Student Aid (FAFSA) as an independent student, stating that you have a dependent child or a legal dependent for whom you provide more than half of his or her support. Please complete all parts of this worksheet and return it to the Office of Student Financial Aid (OSFA) with the required supporting documentation indicated in PART B and PART C.

Dependent's Name _____ Relationship to You _____ Date of Birth _____

PART A: Answer each of the following questions:

1. With whom and where will you live while you are in school? _____
2. Do you pay rent and/or other housing costs? Yes No
3. With whom and where does/will your child/legal dependent live while you are in school? _____
4. Who claims your child/legal dependent on their federal tax return? _____
5. Who pays for your child's/legal dependent's childcare (if applicable)? _____
6. Who pays for your child's/legal dependent's food? _____
7. Who pays for your child's/legal dependent's medical needs? _____

PART B: Answer each of the following questions to help us understand how you are providing for your child/legal dependent. If you answer "Yes" to any question below, attach a copy of documentation that verifies your receipt of that type of assistance.

- Do you receive Women, Infants, and Children Program (WIC) benefits? Yes No
- Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps) for your child/legal dependent? Yes No
- Do you receive Medicaid for your child/legal dependent? Yes No
- Do you receive child support? Yes No If yes, amount per month: \$ _____
- Are you currently working? Yes No
- If yes, name of employer: _____ If yes, net wages per month: \$ _____
- If no, when do you expect to return to work? _____
- Do you have any other source(s) of income? Yes No
- If yes, list source(s): _____ If yes, amount per month: \$ _____

PART C: You are required to submit copies of the following supporting documentation:

1. Your child's birth certificate or court documentation indicating that you are the legal custodian of your legal dependent, if applicable.
2. If you did not use the IRS Data Retrieval Tool when you completed your FAFSA, either update your FAFSA using the IRS Data Retrieval Tool or submit your 2021 Federal IRS Tax Return Transcript (use "Get Transcript" at irs.gov/transcript).
3. All 2021 IRS Form W-2s.
4. Your lease, rental agreement, or rent receipts showing where you and your child/legal dependent live.
5. Childcare expenses (if applicable).
6. Your most recent pay stub.

YOU MUST ALSO COMPLETE PAGE 2.

If you are unable to provide sufficient documentation to support your independent status, you are a dependent student and must add parent information and a parent signature to your 2023-24 FAFSA. If the addition of parent information is required, you will receive a notification from the OSFA.

Certification Statement: By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.

TO RETURN THIS FORM:

Upload to: *myUT.utoledo.edu*
"My Financial Aid"
"Secure Financial Aid Document Upload"

Mail to: The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, OH 43606-3390

In person: Rocket Solution Central
1200 Rocket Hall

Fax to: 419.530.5835