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Student Rocket Number	Student Last Name	Student First Name



## 2025-26 SUPPORT OF A DEPENDENT WORKSHEET

COMPLETE WITH BLACK INK ONLY.

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 (other than spouse) who lives with you and receives more than half of his or her support from you. 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			Dependent's Date of Birth			
PART A	: Answer each of the followi	ing questions:						
1.	With whom and where will yo	ou live while you are in school?	?					
2.	Do you pay rent and/or other	housing costs?	□ Yes	□ No				
3.	3. With whom and where does/will your child/legal dependent live while you are in school?							
4.	4. Who will claim your child/legal dependent on their 2025 federal tax return?							
5.	Who pays for your child's/leg	gal dependent's childcare (if ap	plicable)?					
6.	Who pays for your child's/leg	gal dependent's food?						
7.	Who pays for your child's/leg	gal dependent's medical needs	?					
Do	"Yes" to any question be documentation should identify you receive Women, Infants, a	pelow, attach a copy of dentify the name of your child/orand Children Program (WIC)	locumentatio dependent.	<u>n</u> that v	providing for your child/legal dependent. If you answe erifies your receipt of that type of assistance. The			
	nefits for the child/dependent (r		□ Yes	□ No				
(SN	you receive Supplemental Nut IAP) benefits (formerly known a d/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)		☐ Yes	□ No				
	If yes, list source(s):				If yes, amount per month: \$			

## PART C: Please submit copies of the following supporting documentation:

- 1. Your child's birth certificate or court documentation naming you as the legal custodian of your legal dependent, if applicable.
- 2. Your lease, rental agreement, or rent receipts for your and your child/legal dependent's housing.
- 3. Childcare expense receipts (if applicable).
- 4. Your most recent pay stub (or letter from employer with anticipated return to work date).

YOU MUST ALSO COMPLETE PAGE 2.

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If you are unable to provide sufficient documentation demonstrating you provide more than 50% financial support of a dependent, you are a dependent student for FAFSA and your parent information and a parent signature are required on your 2025-26 FAFSA. If the addition of parent information is required, you will receive an email notification from the OSFA.

## STUDENT HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.

ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.	
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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 - using full legal name Date

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

TO RETURN THIS FORM:

Upload to: myUT.utoledo.edu

"My Financial Aid"
"Financial Aid Documentation 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

419.530.5835 Fax to: