

R \_\_\_\_\_  
Student Rocket Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name



**2026-27**  
**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 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 will claim your child/legal dependent on their 2026 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. The documentation should identify the name of your child/dependent.**

- Do you receive Women, Infants, and Children Program (WIC) Benefits for the child/dependent (not pregnancy benefits)?  Yes  No
- Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits 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: 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.**

