

Tulsa Technology Center

Financial Aid Office

Proof of Dependent Support Form 2008-2009

Printed Name: _____ Social Security #: _____

Your 2008-2009 financial aid paperwork states that you are supporting legal dependents. We must verify your claim meets federal financial aid regulations. To be considered a dependent the following criteria must be met:

Include:

- **Your children** if you will provide more than half of their financial support* between July 1, 2008 and June 30, 2009.
- **Other people if they**
 - **currently** live with you, and
 - **currently** get more than half their financial support from you, and
 - **will continue** to get this support from you between July 1, 2008 and June 30, 2009.

Support includes money, housing, food, clothing, medical, & dental care; payment of college costs, & similar expenses.

Please answer ALL questions carefully and attach supporting documentation.

INFORMATION ABOUT YOU	INFORMATION ABOUT THE DEPENDENT(S) <i>Use separate form for each additional dependent</i>																						
<p>1. Will you be claimed as a tax exemption by another person for the 2008 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If YES, by whom? Name: _____</p> <p>Relationship: _____</p> <p>2. Where are you living (family, own, roommate, etc.)? _____</p> <p>3. List all sources and amounts of monthly income</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>Wages from work (attach recent proof)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Source	Amount	Wages from work (attach recent proof)	\$ _____	Child Support	\$ _____	Other _____	\$ _____	Total Monthly Income	\$ _____	<p>Name: _____</p> <p>Relationship: _____ Age: _____</p> <p>1. Will you claim this dependent for the 2008 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p><i>If No, tell us who will claim the dependent below: (if due to divorce settlement, attach copy of decree).</i></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>2. List the sources and amounts of monthly income and or benefits received by or for this dependent:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Social Security benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Veterans benefits</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Earned Wages</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Monthly Income</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Social Security benefits	\$ _____	Veterans benefits	\$ _____	Other _____	\$ _____	Other _____	\$ _____	Earned Wages	\$ _____	Total Monthly Income	\$ _____
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Student Signature

Date

If you have any questions, call 918-828-5215. Deliver this form to the Financial Aid Office or mail it to:
Tulsa Technology Center, Financial Aid Office, 3420 So. Memorial Dr. Tulsa, OK 74145.