

2023-24 Proof of Dependents Form

Please answer all questions and attach supporting documentation.

Last Name, First Name, M.I.

Student ID Number

Number and Street

XXX-XX-
Social Security Number

City, State, Zip Code

Phone Number

1. Please list the names and ages of your dependent(s) and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2023 and June 30, 2024. Include your children if they receive more than half of their support from you. Include other people only if they meet the following criteria:

1. they now live with you, and

- a they now get more than half of their support from you, and

- b they will continue to live with you and get this support between July 1, 2023 and June 30, 2024.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the person(s) listed below as dependent(s).

| Dependent's Name | Age | Relationship | With whom does dependent reside? |
|------------------|-----|--------------|----------------------------------|
|------------------|-----|--------------|----------------------------------|

2. What child care provisions have you made for your child (ren) while you are in class?

3. You, the student, will live with:

Your parents

Other: Please explain:

4. Were you, the student, claimed by your parent(s) on their 2021 or 2022 Federal tax return? _____

5. Was your dependent(s) claimed by anyone other than you, the student, on the 2021 or 2022 Federal tax return? _____

If yes, please list the name of that person and their relationship to you, the student.

Name:

Relationship:

6. Who will claim your dependent(s) on their taxes for 2023?

7. Will you receive child support for any of the dependents listed between July 1, 2023 and June 30, 2024? _____

If yes, how much per month: \$ _____ /per month.

8. Who provides health insurance for your dependent(s)?

9. Are you receiving any subsidies for the following:

- a. Medical Insurance Yes NO If yes, monthly amount \$_____
- b. Housing Yes NO If yes, monthly amount \$_____
- c. Utilities Yes NO If yes, monthly amount \$_____
- d. Food stamps (SNAP) Yes NO If yes, monthly amount \$_____
- e. TANF (AFDC/Welfare) Yes NO If yes, monthly amount \$_____

10. Will you pay child support for any of the dependents listed between July 1, 2023 and June 30, 2024?

If yes, how much per month: \$_____/month

11. Please list your expected 2023 income and benefits:

Expected 2023 taxed income earned from work for the year \$_____

Expected 2023 untaxed income benefits to be received for the year \$_____

Sources of untaxed income: _____

By signing this form, I certify that all the information reported is complete and correct to the best of my knowledge

Student signature: _____

Date: _____

Please return to:

La Salle University
1900 West Olney Avenue
Philadelphia, PA 19141

To send documents via a secure link:

<https://sendsecure.xmedius.com/r/2ba96822f2104ad2b79dbba706c3d788>

2154-951-1070