



# DEPENDENCY SUPPORT VERIFICATION 2020-21

Name \_\_\_\_\_ Concordia ID \_\_\_\_\_

Phone \_\_\_\_\_

Your status as an independent student is based upon supporting a legal dependent. You must verify that you are able to provide over half of the financial support for your child. If the child does not live with you, you must be able to document that you pay more than half of the child's support.



If your dependent is not yet born, what is the due date? \_\_\_\_\_

If your dependent has been born, what is your dependent's date of birth? \_\_\_\_\_

Who claimed your child for tax purposes in 2018? \_\_\_\_\_

Who claimed, or will claim, your child for tax purposes in 2019? \_\_\_\_\_

Will the child's other parent be enrolled in college during 2020-21? \_\_\_\_\_

If yes, what is the name of the school \_\_\_\_\_

How many credits per term will the child's other parent take? \_\_\_\_\_



Do you live with your parents?  Yes  No

If you live with your parents, do you pay rent?  Yes  No

If yes, what is your monthly rental payment? \_\_\_\_\_

Were you claimed as a dependent on your parents' taxes for 2018?  Yes  No

Do you live with the child's other parent?  Yes  No

Explain your childcare arrangement. Include how you will be paying your childcare expenses.

Explain your employment plans for the 2020-21 academic year. Include the number of hours per week you will work and your hourly pay.

- List the other income and/or benefits that you will receive from July 1, 2020 through June 30, 2021.
- If the answer is zero, indicate it with a \$0. **Do not leave anything blank.**

	Amount
Social Security Benefits	\$
Child Support	\$
Alimony	\$
Unemployment Benefits	\$
Worker's Compensation	\$
TANF/MFIP (welfare benefits / cash benefits)	\$
Disability Benefits	\$
Veterans Benefits	\$
Housing Assistance	\$
Food Stamps <input type="checkbox"/> Received <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Medical Assistance <input type="checkbox"/> Received <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Women, Infants and Children (WIC) <input type="checkbox"/> Received <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Cash support or any money paid on your behalf	\$
Other (list source and amount)	\$

Please explain your living and financial arrangements. List any other support that you and/or your child receive that is not listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the completed form to:  
 Concordia College Financial Aid Office  
 901 8th St. S., Moorhead, MN 56560  
 Fax 218.299.3025 • Phone 218.299.3010