

2022-2023 Legal Dependent Other Than Spouse Form

Last Name	First Name	Middle Name	Student USC ID or VIP ID
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Student's Permanent Address

You indicated on your FAFSA or other documents you submitted to our office that you provide **more than half** of the support for another person. We need to verify the information that you reported so that we may continue processing your financial aid application. Please answer ALL questions carefully and attach supporting documentation. **Forms submitted without documentation will be considered incomplete and will not be processed.**

Section A: Your Dependents

Name of each dependent reported on your FAFSA	Relationship to you.	Age	Do you pay child support for this person?	Was this person claimed on your 2021 Federal Tax Return Transcript?

Section B: Your Residence

Do you live with your parents? Yes No

(If the student is living with a parent who is paying for most of the household expenses, the parent would usually be considered the primary source of support to the student and student's dependent, and the student should answer "No" to the FAFSA question about supporting children or legal dependents.)

Do you live with someone else other than your parents? Yes No, If yes, who _____
If yes, provide a copy of your current lease Name/Relationship

Do you live alone with your dependent(s) Yes No, If yes, provide a copy of your current lease

Section C: Monthly expenses you provide

Expense	Monthly Amount	Amount YOU pay
Housing	\$	\$
Groceries (food, formula)	\$	\$
Medical Insurance	\$	\$
Daycare	\$	\$
Other (child expenses, utilities)	\$	\$

*****Complete Reverse Side of Form*****



Section D: Required Documentation (if applicable)

Table with 2 columns: Submitted, Not Applicable. Rows include: Copy of your current lease, 2021 1040 federal tax document (signed), Proof of Medicaid or other health insurance, Proof of federal assistance (WIC, TANF, SNAP), Income from work (3 current pay stubs), Proof of Social Security benefits, Proof of child support, Copy of dependent's birth certificate, Verification of pregnancy by doctor, Proof of child support received, Proof of payment of utilities.

By signing this document, I certify that all the information reported above is true and accurate. I understand I will need to provide documentation to support my answers if required by the Office of Financial Aid. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student's signature

Date

NOTICE: For your personal protection, DO NOT EMAIL sensitive documents (including tax documents and W-2s). Per Federal Regulations, you must submit documents by mail, fax (803-643-6840) or in person.