



**Rose State College
Office of Student Financial Aid**

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**2014-2015 Verification of Dependents Other than a Spouse/Child
Dependent Student**

Student Name: _____ **RSC Student ID#:** _____

On your 2014-2015 Free Application for Federal Student Aid (FAFSA) you included other people in your parents' household and agreed that your parents will provide more than half of their support and will continue to provide more than half of their support between July 1, 2014 and June 30, 2015. Our office requires additional information to determine if this person qualifies as a dependent for federal financial aid purposes.

Section 1 - Your Parents' Dependents Other than a Child or Spouse

In the chart below, list all people that your parents' support ONLY if they:

- Currently live with your parents, AND
- Receive more than half of their financial support from your parents, AND
- Will continue to receive more than half of their financial support from your parents **from July 1, 2014 through June 30, 2015.**

Full Name	Age	Relationship	College

Section 2 - Sources of Financial Support for Your Parents' Dependents Other than a Child or Spouse

Check all boxes below and on the back of this page for each type of **Financial Support** the person(s) listed in Section 1 receive. **List the name of each person who receives it, and the monthly amount that person receives.** (Financial Support may include earnings from work, Social Security Benefits, Unemployment Benefits, Support from You, Financial Aid, Child Support Received, Etc.)

Government Aid – SNAP (food stamps), Financial Aid, Free or Reduced Price Lunch, Medicaid, Medicare, Military Benefits (Including Housing), Section 8, Special Supplemental Nutrition Program for Women, Infants & Children (WIC), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF):

Unemployment (Provide the monthly amount for each person): _____

Earnings from Work (Provide the monthly amount for each person): _____

Child Support Received (Provide the monthly amount for each person): _____

Worker's Compensation (Provide the monthly amount for each person): _____

Support from You (Provide the monthly amount for each person): _____

Other Income not Listed Above (Provide the monthly amount for each person): _____

Once this form is reviewed, additional documentation could be required. Final determination of your parents' allowable household members will be made after review of all information received.

Section 3 – Signatures

By signing this form, we certify that all the information reported is complete and correct.

Student Signature

Date

Parent Signature

Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.