Proof of Dependent(s) Form 2025-26



This form is used to gather information from unmarried students who are under 24 years old and claim to have dependents.

Please answer **ALL** questions carefully and attach supporting documentation.

Submit Federal 1040 tax form for 2023 along with W-2's and child support received and/or paid **DO NOT LEAVE ANY BLANKS**. Please print your answers.

Name		
Social Security Number XXX-XX		
Phone	_ Email	
Permanent Address		
City	State	Zip Code

1. Please list below the names and ages of **YOUR** dependents 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, 2025, and June 30, 2026. Include your children if they get **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

- a.) They now live with you
- b.) They now get more than half their support from you
- c.) They will continue to get this support from you between July 1, 2025, and June 30, 2026.

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 persons listed below as dependent.

Name	Age	Relationship to Student		

2. Where do the deper	ndent(s) named above live? (Chec	k only one.)		
[] With the student [] With the student's parent(s)	[] Other	If Other is check	ed, please explain:
3. What child care pro	visions have you made for while a	attending class;	studying, etc.?	
4. You will live: [On Campus	[] Other	
·	y your parent(s) on their previous t claimed by anyone other than yo			[]Yes []No
Wassa mlagga li	()	'	· · · · · · · · · · · · · · · · · · ·	[]Yes []No
•	st the name of that person and the	•	•	
Name:		Relationshi	ip:	
-	mated monthly expense for the su gh any programs listed below.	pport of your de	ependent(s), <u>over a</u>	nd above the
\$	per month			
recent check stub; AFI	e(s) of support. You must attach so DC check; cancelled checks or oth m eligibility notice; any other bene	ner proof of child	d support paid/recei	• •
By signing this workshop	eet, I certify all the information rep	orted is comple	ete and correct.	
Student Signature:			Date:	
Please Return To:				
Trine University Financial Aid Office 1 University Ave Angola, IN 46703	Main Cam 800-347-4 260-665-451	878		CGPS 877-294-4878 260-665-4511 fax