

MIDAMERICA NAZARENE UNIVERSITY

Proof of Dependent(s) Form

Please complete with blue or black ink.

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. **DO NOT LEAVE ANY BLANKS.**
Please print your answers.

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip _____

1. Please list the names and ages of YOUR dependent(s) and their relationship to you. You must attach Legal documentation of their relationship (Birth Certificate, Legal Guardianship, Etc.)

Dependents are those people that you will support between July 1, 2008 and June 30, 2009. Include your children if they get **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
2. they now get more than half their support from you, and
3. they will continue to get this support from you between July 1, 2008-June 30, 2009.

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 dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Where do the dependent(s) named above live? Please check one.

- With the student
 With the student's parent(s)
 Other

If Other is checked, please explain:



3. What child care provisions have you made for while you're in class?

4. You (the student) will live: Please check one.

With your parent(s) Other

If Other is checked, please explain:

5. Were you (the student) claimed by your parent(s) on their previous year tax return?

Yes No

6. Was your dependent(s) claimed by anyone other than you (the student) on the previous year tax return?

Yes No

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

Name: _____

Relationship: _____

7. Please list the estimated monthly expenses for the support of your dependent(s), over and above the support received through any federal programs listed below.

\$ _____ amount per month

8. Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; AFDC check; Notice of Action form with current date; cancelled checks or other proof of child support paid; WIC program eligibility notice; Medi-Cal eligibility notice for dependent(s).)

Please return your completed form to:
MidAmerica Nazarene University
Student Financial Services
2030 E College Way
Olathe, KS 66062
Fax: (913) 971-3482