Complete Form & Return via:
Mail: Office of Financial Aid
9201 University City Blvd. Charlotte, NC 28223
Fax: (704) 687-1461
On Campus: Niner Central, 380 Cone Center
Reminder: No SSN can be accepted via email

2022-2023 Verification of Legal Dependents

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) states that you were responsible for dependent(s) who receive more than half of their support from you. Our office is required to verify data that you provided on the FAFSA as part of the verification process. Submitting this form does not make you an independent student. The Financial Aid Office will make that determination.

Student Name: ____________________________ Student ID: ____________________________
Address: ________________________________________________________________________ Phone: ____________________________

<table>
<thead>
<tr>
<th>Name of Dependent</th>
<th>Date of Birth</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B: Clarification Questions

1. Who claimed you, the student, on their 2020 tax return?
   - □ Self
   - □ Parent (your parent)
   - □ Other (Specify)

2. Did you claim the dependent(s) on your 2020 Federal Tax Return?  □ YES  □ NO
   If no, who claimed the dependent? __________________________________ Relationship to dependent? _____________________

3. Did/Will you claim the dependent(s) on your 2021 Federal Tax Return?  □ YES  □ NO
   If no, who claimed (or will claim) the dependent? ______________ Relationship to dependent? ______________

4. Where do you currently live?  □ On-Campus  □ Off-Campus  □ With Parent(s)

5. Where do the dependents(s) named above live?
   - □ With you
   - □ With your parent(s)
   - □ Other (Specify)

6. If dependent is a child, what arrangements for childcare have you made for the time while you are in class?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Section A: Dependent Information

Dependents are those that you will support more than 50% between July 1, 2022 and June 30, 2023. Support includes (but not limited to) monetary/financial support, food, food stamps, housing, utilities, clothing, medical, dental and/or car insurance, child support, child care, education, transportation, recreation, etc.
You cannot count support provided by your parents.

Below, list the names and ages of your dependents and their relationship to you. Include your children if they receive more than half of their support from you. Include other people only if they meet the following criteria:

1. They live with you, and
2. They receive more than half of their support from you, and
3. They will continue to get this support from you between July 1, 2022 and June 30, 2023.
**Section C: Income, Expenses, & Resources**

1. Are you currently employed?  
   - [ ] YES  
   - [ ] NO  
   If no, explain how you support the dependent(s):

2. Please list monthly fund amounts

<table>
<thead>
<tr>
<th>Current Fund Sources</th>
<th>2021 Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
</tr>
<tr>
<td>Cash Support from Family / Other Person</td>
<td>$</td>
</tr>
<tr>
<td>Government Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Other (please list)</td>
<td>$</td>
</tr>
</tbody>
</table>

3. Please list your monthly expenses

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Monthly Amount</th>
<th>Who Paid For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing / Utilities</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Personal / Clothing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Section D: Supporting Documentation**

Please submit the following documents, if applicable. This documentation helps us make a determination regarding your dependency status. We reserve the right to ask for additional documentation verifying support.

- Legal court documents
- Tax Information showing dependent being claimed by you (i.e – signed tax return)
- Birth Certificate(s) (for children you support)
- Health Insurance Card in your name for the dependent(s)
- Documentation of housing (lease/utility bill/etc) showing dependent(s) in household
- Day care provider information and documentation of payments made by you for the dependent(s)
- Documentation of TANF/WIC/SNAP or other subsidized programs in your name for the dependent(s)
- Documentation of child support received/paid

**Section E: Certification & Signature**

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the UNC Charlotte Financial Aid Office to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted.  
Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to $20,000, face imprisonment, or both.

Student Signature ___________________________________________ Date __________________