2025-2026 Verification of **Legal Dependents**



Complete Form & Return via:

Mail: Office of Financial Aid 9201 University City Blvd. Charlotte, NC 28223

On Campus: Niner Central, 380 Cone Center **Reminder**: No SSN can be accepted via email

Your 2025-2026 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:		ne:
9	Section A: Dependent Information	
Dependents are those that you will support <i>more than</i> 50% between July 1, 2025 and June 30, 2026. Support ncludes (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:		
 They live with you, and They receive more than half of their support from you, and They will continue to get this support from you between July 1, 2025 and June 30, 2026. 		
Name of Dependent	Date of Birth	Relationship to you
	Section B: Clarification Questions	
1. Who claimed you, the student, on their 2023 tax return? \square Self \square Parent (your parent) \square Other (Specify)		
2. Did you claim the dependent(s) on your 2023 Federal Tax Return? YES NO f no, who claimed the dependent? Relationship to dependent?		
	s) on your 2024 Federal Tax Return? dependent? Relations	☐YES ☐ NO hip to dependent?
4. Where do you currently live? \Box On-Campus \Box Off-Campus \Box With Parent(s)		
5. Where do the dependents(s) named above live? \Box With you \Box With your parent(s) \Box Other (Specify)		
5. If dependent is a child, what arrangements for childcare have you made for the time while you are in class?		

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1. Are you currently employed?		
2. Please list monthly fund amounts		

Current Fund Sources	2023 Monthly Amount
Wages	\$
Child Support Received	\$
Cash Support from Family / Other Person	\$
Government Assistance	\$
Other (please list)	\$

3. Please list your monthly expenses

Expense Type	Monthly Amount	Who Paid For
Housing / Utilities	\$	
Food	\$	
Transportation	\$	
Medical	\$	
Personal / Clothing	\$	
Child Care	\$	

Section D: Supporting Documentation (Required)

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: 0	Certification	& Signature
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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