

Student Name (print) _____

WOU Student ID _____

2016-2017 DOCUMENTATION OF SUPPORT FOR DEPENDENT CHILDREN

Submit this completed form to the Western Oregon University Financial Aid Office and attach any additional documentation. After reviewing this document, we may require further documentation.

On the 2016-2017 FAFSA, you indicated that you have a dependent child(ren). Please respond to the items on this form so that your status can be documented. **Do not leave any blanks, if not applicable put N/A.**

1. Name of child: _____ Age: _____
 Name of child: _____ Age: _____
 Name of child: _____ Age: _____

7. Do you share expenses of your housing with anyone?
 If so, with whom? How much does each of you pay per month?

2. Are you the child(ren)'s parent? Yes No
 If not, what is your relationship to the child(ren)?

3. Does the child(ren) live with you? Yes No
 If yes, what percentage of the time?

Are you the custodial parent? Yes No

4. Do you provide more than one-half of the support for the child(ren)? Yes No

5. Did you claim the child(ren) as a tax exemption in 2015? Yes No
 Will you claim the child(ren) as a tax exemption in 2015? Yes No
 If you did not claim the child(ren) in 2015, who did?

What is this person's relationship to you?

6. Where do you live? Check one:
 On campus
 With your parent(s)
 Off campus with a roommate
 Off campus without a roommate
 Other: _____

8. How much does it cost each month, on average, for you and your child(ren)'s expenses?	
<u>Current average monthly expenses</u>	<u>Amount</u>
Housing (attach copy of rental agreement)	\$ _____
Utilities	\$ _____
Food	\$ _____
Clothing	\$ _____
Diapers	\$ _____
Medical	\$ _____
Childcare	\$ _____
Transportation	\$ _____
Health Insurance	\$ _____
Other	\$ _____
TOTAL PER MONTH	\$ _____



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9. Source(s) of your current average monthly income.

Wages (attach most recent paystub)	\$ _____
SNAP	\$ _____
WIC/TANF/Welfare	\$ _____
Housing/Utilities Subsidies	\$ _____
Child Support Received	\$ _____
Oregon Health Plan	\$ _____
Parent, relative or other	\$ _____
Financial Aid (attach a copy of previous award letter)	\$ _____
Other: _____	\$ _____
TOTAL PER MONTH	\$ _____

If you cannot obtain information from the other parent, please explain why below.

Student Signature

Date

THIS SECTION TO BE COMPLETED BY THE OTHER PARENT

10. Do you as the other parent provide child support for the child(ren) named on the other side of this form?

Yes No Monthly amount? \$ _____

12. Do you provide any additional support to the child(ren) or other parent? Support includes housing, food, clothing, medical, childcare, transportation and miscellaneous personal expenses. Please list the amount per month that you provide.

11. Source(s) of your current average monthly income?

Wages (attach most recent paystub)	\$ _____
SNAP	\$ _____
WIC/TANF/Welfare	\$ _____
Housing/Utilities Subsidies	\$ _____
Child Support Received	\$ _____
Oregon Health Plan	\$ _____
Parent, relative or other	\$ _____
Financial Aid (attach copy of previous award letter)	\$ _____
Other: _____	\$ _____
TOTAL PER MONTH	\$ _____

13. Do you attend a college or university?

Yes School Name: _____
 No

Other parent's name (print)

Other parent's signature

Date