



Graduate Student Financial Services  
**Verification of Legal Dependents- Student**

**VERIF  
2013-2014**

*Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.*

APU ID#: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

By federal regulation, a legal dependent is defined as your child or any other person who:

- 1) Lives with you,
- 2) Receives more than half of his or her support from you, and
- 3) Will continue to receive that support through June 30, 2014.

In order for us to determine whether or not such individuals are considered as “dependents” for financial aid purposes, you must provide the following information to verify and explain the relationships and resources of each person.

Do not include any person who will **not** continue to receive more than half of his or her support during the 2013-2014 school year. **If you DO NOT have any dependents, check this box**  and sign the certification below. If you have legal dependents, complete the section below, sign the certification, and return this form to the Graduate Center.

Full Name of Dependent	Age	Relationship (i.e., son, daughter, parent, niece, etc.)	Currently lives with you? (circle one)	Income received by/for the person(s) listed below in 2012 from any source <i>other than you</i> (work, SS Benefits, Welfare, etc.)	
				TOTAL INCOME	SOURCE (parent, relative, agency, work, etc.)
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	
			Yes / No	\$ .00	

Use the comment section below to explain any unusual circumstances that you want our office to take into consideration.

Comments: \_\_\_\_\_  
 \_\_\_\_\_

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**