



*One University. A World of Experiences.*

## Children Supported Verification

Student Name (Print)		FSU ID #
Permanent Home Mailing Address		
City	State	Zip
Phone		
Place of residence during academic year (If Different)		( ) Check if same as above
City	State	Zip
Phone		

**For the 2023 – 2024 academic year, you indicated that you have a financially dependent child(ren). Please complete the information below and attach backup documentation to prove support.**

Name of Child Supported:	DOB:
Name of Child Supported:	DOB:
Name of Child Supported:	DOB:
Are you the child(ren)'s biological or legally adopted parent?	Yes No
Do you own, rent, or stay with family/friends	Own Rent Family/Friends
Does the child(ren) live with you during the academic year?	Yes No (Describe Below)
Other_____	
Did you claim the child(ren) as a tax exemption in 2021?	Yes No
Did you claim the child(ren) as a tax exemption in 2022?	Yes No
Will you claim the child(ren) as a tax exemption in 2023?	Yes No

**Current Sources of Income/Support per Month**  
 (\*Please attach proof of each income source applicable)

Wages:	Food Stamps (SNAP):
WIC/TANF/AFDC/Welfare:	Housing / Utility Assistance
Parent or Relative:	Other:
Social Security Benefits:	Child Support:

**By signing, you certify that the information given on this form is true and complete. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Signature:	Date:
------------	-------