

Last Name	First Name	M.I.	Student ID
Street Address	City	State	Zip
			Phone Number

You have indicated on your **2026-2027** Free Application for Federal Student Aid (FAFSA) or verification worksheet that you are supporting dependent(s) who will receive more than 50% of their support from you between July 1, **2026** and June 30, **2027**. You must clearly demonstrate how you support yourself and provide more than 50% support for your dependent(s). Support includes but is not limited to: money spent on housing, food, clothes, medical care, and other similar expenses. If you are unable to submit supporting documentation for each section, please contact the Office of Student Financial Services for further guidance.

NOTE: If you are unable to meet the support criteria and you are under the age of 24, you must correct your FAFSA at www.studentaid.gov to include your parents' information.

1. Please list the name and ages of your dependents and their relationship to you

Name of dependent	Age	Relationship

If children are listed, please provide a copy of the child's birth certificate.

2. Where are you currently living?

- ☐ Own home. Provide a copy of a lease or housing agreement in your name.
☐ With parent(s)
☐ Other (please list name of person and relationship to you): _____

3. Where do the dependent(s) named above live?

- ☐ With you the student
☐ With the student's parent(s)
☐ Other (please list name of person and relationship to you): _____

4. Are you receiving any of the following types of assistance or benefits? (check all the apply)

Please provide proof of benefits received

- ☐ Social Security
☐ TANF/CalWorks
☐ SNAP, CalFresh, or food stamps
☐ WIC
☐ Medicaid
☐ Other: _____

5. Are you paying for childcare costs for your child/dependent?

- ☐ Yes. Please attach proof of payment.
☐ No. If no, are you receiving free childcare from a friend or relative? [] Yes [] No

6. Are you receiving child support? If yes, please provide proof of child support received.

- ☐ Yes. Total received 2024 \$_____
 How much will you receive per month July 1, 2026 to June 30, 2027? \$_____
☐ No

Student Name: _____

Student ID: _____

7. Does anyone provide financial support for you and your child/dependent, other than yourself?

☐ Yes. Total received 2024 \$ _____

How much will you receive per month July 1, 2026 to June 30, 2027? \$ _____

Name of persons(s) providing support and relationship to you: _____

☐ No

8. Are you currently employed?

☐ Yes. Please submit a copy of your most recent pay stub.

☐ No

9. Did you file a 2024 Federal Income Tax Return?

☐ Yes. Please submit a copy of your 2024 Federal Income Tax Return Transcript.

If yes, did you claim your child/dependent as a dependent on your 2024 tax return? ☐ Yes ☐ No

☐ No

10. Provide the following monthly household living expenses which are billed in your name:

Expense	Average monthly amount
Housing (mortgage, rent, other)	\$ _____
Utilities (electricity, gas, water)	\$ _____
Food	\$ _____
Phone, Internet, Cable	\$ _____
Transportation (insurance, gas, car payment)	\$ _____
Monthly Total	\$ _____

Additional information that helps demonstrate that you provide more than 50% of support for your dependent(s):

Certification and Signatures

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal student aid based on incorrect information, I will need to repay it, and I may be required to pay fines and fees.

Student Signature _____

Date _____

Email address for follow-up questions: _____

University of Redlands Student Financial Services Office Use Only:

☐ Approved: Meets support test

☐ Denied: Does not meet support test

Comments: _____

(SFS Staff Signature)

(Date)