

# Dependent Support Verification 2022-2023



NORTHERN ILLINOIS UNIVERSITY  
**Financial Aid and Scholarship Office**  
*Your Future. Our Focus.*

**Submit to:**  
**Financial Aid and Scholarship Office Swen**  
**Parson Hall 245**  
**DeKalb, IL 60115**

**Student Name:**

\_\_\_\_\_

Last Name (Student)                      First Name                      MI                      Z-ID

You reported on the 2022-2023 Free Application for Federal Student Aid (FAFSA) that you have one or more dependents for whom you provide more than 50% of the financial support. Before we may continue processing your financial aid application, we need to verify this information.

**Dependent Information**

Name of Dependent*	Relationship to you	Age	Will this person live with you for the entire 2022-2023 school year? (July 1, 2022 - June 30, 2023) If no, please explain.*	Was this person claimed on your 2020 Federal Income Tax Return?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If necessary, attach a separate sheet of paper

**Attach Required Document:**

Copy of your dependent(s)' legal birth certificate (*if the dependent is your child*). Please contact the Financial Aid and Scholarship Office for alternative documentation if you are having difficulty obtaining a legal birth certificate.

**Attach Required Personal Statement:**

Clearly explain your family situation and detail how you provide more than 50% of the financial support for your dependent(s).

**Housing Plans:**

What are your housing plans while attending NIU?

- NIU Residence Hall (*Grant, Stevenson, Lincoln, Douglas, Neptune, Gilbert, New Residence Hall*)
- NIU Northern View
- Apartment, indicate the city \_\_\_\_\_
- Living with parent(s)
- Other \_\_\_\_\_

Who will be paying your housing costs? \_\_\_\_\_

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**Childcare:**

Childcare Provider while attending NIU

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you receive subsidized childcare?  Yes  No

**Expenses**

<b>Expenses for YOU and YOUR dependent(s) (July 1, 2022- June 30, 2023)</b>	<b>Monthly Amount</b>	<b>Who pays this expense? (name of person and their relationship to you OR agency)</b>	<b>What amount of the expense do YOU pay?</b>
Housing (include utilities)			
Groceries (food, formula, etc.)			
Toiletries (diapers, etc.)			
Medical/Insurance			
Childcare			
Clothing & Miscellaneous			
<b>Total</b>		XXXX	

**Financial Resources**

<b>Support Received/Income Earned (July 1, 2022- June 30, 2023)</b>	<b>Monthly Amount</b>
Income earnings	
Unemployment benefits	
TANF/Welfare benefits	
Child support received	
Social Security benefits	
Food stamps	
Other income (please specify)	

**Certification/Signature:** *(Please print this form and then sign.)*

My signature certifies that all the information on this form is true, complete and accurate, and may be used to update the FAFSA.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Electronic signatures will not be accepted.**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**