

# Dependent Support Verification 2025-2026



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 2025-2026 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 2025-2026 school year? (July 1, 2025 - June 30, 2026) If no, please explain.*	Was this person claimed on your 2023 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). (Minimum two paragraphs, four sentences each.)

## Housing Plans:

What are your housing plans while attending NIU?

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

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

**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, 2025- June 30, 2026)</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, 2025- June 30, 2026)</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.**