Dependent Support Verification 2027-2028

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) _____ MI _____

First Name _____ Z-ID _____

You reported on the 2027-2028 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 can continue processing your financial aid application, we need to verify this information.

Dependent Information

Name of Dependent If necessary, attach a separate sheet of paper.	**Relationship to you**	**Age**	**Will this person live with you for the entire 2027-2028 school year? (July 1, 2027 - June 30, 2028) If no, please explain. If necessary, attach a separate sheet of paper.**	**Was this person claimed on your 2025 Federal Income Tax Return?**
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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? _____

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Z-ID _____

Childcare

Childcare Provider while attending NIU

Name: _____

Address: _____

Do you receive subsidized childcare? ☐ Yes ☐ No

Expenses

Expenses for YOU and YOUR dependent(s) (July 1, 2027- June 30, 2028)	**Monthly Amount**	**Who pays this expense? (name of person and their relationship to you OR agency)**	**What amount of the expense do YOU pay?**
Housing (include utilities)			
Groceries (food, formula, etc.)			
Toiletries (diapers, etc.)			
Medical/Insurance			
Childcare			
Clothing & Miscellaneous			
Total		n/a	

Financial Resources

Support Received/Income Earned (July 1, 2027- June 30, 2028)	**Monthly Amount**
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.