University of Illinois Springfield – Office of Financial Assistance
One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 -- Fax: (217) 206-7376

2020-2021 Dependent Child(ren) Verification Form

Section A – Student Information (Please print clearly)

Last Name First Name M.I. Email

Street Address City State Zip Code

We have received information from your 2020-2021 Free Application for Federal Student Aid (FAFSA) that indicates you have a legal dependent other than a spouse. So that we may continue processing your financial aid application, we need to verify the information you reported.

Section B –Dependent Child(ren) Verification Form

Return this original form to our office along with a copy of the following requested documentation.

1. On your FAFSA, (Question 50) you indicate that you have a dependent child or children. Did you claim this child as a dependent on your 2018 Federal income tax return? Yes ❑ No ❑

   - If "Yes," please attach a copy of your 2018 IRS Tax Return Transcript.
   - If "No," continue to Question 2.

2. Will this child(these children) *reside with you* AND will you provide *more than half his/her (their) support* from July 1, 2020 through June 30, 2021? Yes ❑ No ❑

   - If "Yes," please provide the following information about your child (children) and attach documentation that you provide more than one-half of their support. This documentation could include proof of rent or mortgage payments, receipts for food or clothing, and proof of enrollment in school.

Name of Dependent	Relationship to you	Age	Does this person live with you all year?	Was this person claimed on your 2018 U.S. Federal Income Tax Return? *If Yes, you must submit your 2017 Federal Tax Return Transcript.*
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

3. If "No," you must resubmit your FAFSA as a dependent student including your parents' income.

Section C – Student Signature

IMPORTANT: Return this original form to the Office of Financial Assistance. **All documentation submitted with this form must:**

1. **Have legible copies made on 8 ½ x 11 paper.**
2. **Have UIN clearly printed within the boxes below.**
3. **Have all appropriate signatures.**

I certify that the information provided on this form and any attachments are true and correct.

Student Signature **Date**

ENTER YOUR 9-DIGIT **UIN** :

2021 VRFCHD B