

The Sage Colleges

ALBANY | TROY | ONLINE

2018-2019 Verification of Support Form

Date: _____ Student ID: _____

Student Name: _____

You filed your financial aid application (FAFSA) as an independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status is it necessary for us to verify that you are the main provider for your child, not your parents or the child's other parent. Please answer the following questions, additional information may be requested.

1. What is the name, birth date and relationship of your dependent? *(List any others on back)*

Name: _____ Birth date: _____ Relationship to you: _____

Will they continue to live with you for the entire school year? YES NO

Do you and/or your dependent(s) live with your parents? YES NO

Who claimed you as a tax exemption in 2017? _____

Who will claim you as a tax exemption in 2018? _____

Who claimed your dependent as a tax exemption in 2017/2018? _____

Who provides medical insurance for you? _____

Who provides medical insurance for your dependent? _____

2. List your current **monthly** income below:

Wages, salaries, tips \$ _____ Veteran's Benefits \$ _____

Unemployment \$ _____ Social Security/SSI \$ _____

Child Support \$ _____ Public Assistance (ADC/AFDC) \$ _____

Disability payments \$ _____ Worker's Comp \$ _____

Other (identify) _____ \$ _____

3. Return this form to Financial Aid Office along with a copy of your 2017 Federal Tax Transcript or tax return. If you did not file a tax return for 2017, please attach a separate sheet explaining how you supported yourself and your dependent(s), include all income and expenses for the year.

4. By signing below I certify that the above information is complete and accurate.

Student Signature _____ Date _____

Return form to:
The Sage Colleges
Financial Aid Office
65 First Street
Troy, NY 12180
Phone: (518) 244-4525
Fax: (518) 244-2460

The Sage Colleges
Financial Aid Office
140 New Scotland Avenues
Albany, NY 12208
Phone: (518) 292-1783
Fax: (518) 292-7701

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