

2020-2021 Verification of Support Form

Date: _	Stu	ident ID:					
Student	Name:						
with you verify that	and receive more than	lication (FAFSA) as an in half of their support from vider for your child, not y	you. Since this sta	atement is th	e basis for your ir	ndependent status is i	t necessary for us to
1.	What is the name, birth date and relationship of your dependent? (List any others on back)						
	Name:	e:Birth date:		Relationshi	p to you:		
	Will they continue to live with you for the entire school year			\square YES	\square NO		
	Do you and/or your de	parents?	\square YES	\square NO			
	Who claimed you as a tax exemption in 2019?						
	Who will claim you as a tax exemption in 2020?						
	Who claimed your dep	n in 2019/2020?					
	Who provides medical						
	Who provides medical insurance for your dependent?						
2. List yo	our current monthly inc	come below:					
	Wages, salaries, tips	Vages, salaries, tips \$ V		Veteran's Benefits		\$	
	Unemployment \$ Soci			ocial Security/SSI		\$	
	Child Support	Child Support \$ Po		Public Assistance (ADC/AFDC)		\$	
	Disability payments	\$	Worker			\$	
	Other (identify)					\$	
return f		al Aid Office along with a separate sheet explain					
4. By sig	ning below I certify tha	at the above information is	s complete and acc	curate.			
Student S	Signature		Date _				
Return fo	orm to:						
Russell Sage College Financial Aid Office 65 First Street Troy, NY 12180 Phone: (518) 244-4525				Russell Sage College Financial Aid Office 140 New Scotland Avenues Albany, NY 12208 Phone: (518) 292-1783			

Fax: (518) 244-2460

Fax: (518) 292-7701