2021-2022 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, it is 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 2020?  __________________________
   
   Who will claim you as a tax exemption in 2021?  __________________________
   
   Who claimed your dependent as a tax exemption in 2020/2021?  __________________________
   
   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 2019 Federal Tax Transcript or tax return. If you did not file a tax return for 2019, 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:
   
   Russell Sage College  ___________________________
   
   Financial Aid Office  ___________________________
   
   65 First Street  ___________________________
   
   Troy, NY 12180  ___________________________
   
   Phone: (518) 244-4525  ___________________________
   
   Fax: (518) 244-2460  ___________________________

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

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