2022-2023 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 2021? _______________________
   Who will claim you as a tax exemption in 2022? _______________________
   Who claimed your dependent as a tax exemption in 2021/2022? _________________
   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 2020 Federal Tax Transcript or tax return. If you did not file a tax return for 2020, 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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