

2022-2023 Verification of Support Form

	Name: Student	ID:	_			
with you verify tha	and receive more than half of	f their support from you. Since	this statement is the	e basis for your inde	children or other dependents that live ependent status is it necessary for us to wer the following questions, additional	
1.	What is the name, birth date	hat is the name, birth date and relationship of your dependent? (List any others on back)				
	Name:	Birth date:	Relationship	o to you:		
	Will they continue to live wi	th you for the entire school year	ar?	\square NO		
	Do you and/or your dependent(s) live with your parents? Who claimed you as a tax exemption in 2021?			□NO		
					-	
	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 insur-	ance for your dependent?			-	
2. List yo	our current monthly income b	pelow:				
	Vages, salaries, tips \$ Veteran'		Veteran's Benefits		\$	
	Unemployment	\$	Social Security/SSI		\$	
	Child Support	Public Assistance (ADC/AFDC)		(ADC/AFDC)	\$	
	Disability payments	payments \$ Worker's Comp			\$	
	Other (identify)				\$	
return fo					tax return. If you did not file a tax dent(s), include all income and	
4. By sig	ning below I certify that the a	bove information is complete a	and accurate.			
Student Signature Date			Date			
Return fo	orm to:					
Russell Sage College Financial Aid Office 65 First Street Troy, NY 12180				Russell Sage College Financial Aid Office 140 New Scotland Avenues Albany, NY 12208		

Phone: (518) 244-4525

Fax: (518) 244-2460

Phone: (518) 292-1783

Fax: (518) 292-7701