

2023-2024 Verification of Support Form

Date: _ Student	Name:	Student ID:					
with you verify that	and receive more th	application (FAFSA) as an nan half of their support fro provider for your child, not d.	m you. Since this st	tatement is th	e basis for your in	dependent status is it	necessary for us to
1.	What is the name, birth date and relationship of your dependent? (List any others on back)						
	Name:	Birtl	n date:	_ Relationshi	p 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	\square NO		
	Who claimed you as a tax exemption in 2022?						
	Who will claim you as a tax exemption in 2023?					_	
	Who claimed your dependent as a tax exemption in 2022/2023?						
	Who provides medical insurance for you?					<u>—</u>	
	Who provides medical insurance for your dependent?						
2. List yo	our current monthly	income below:					
	Wages, salaries, tips \$ Vetera		ran's Benefits	S	\$		
	Unemployment	mployment \$ Social		al Security/SS	SI	\$	
	Child Support	\$	Publi	ic Assistance	(ADC/AFDC)	\$	
	Disability paymen	Worker's Comp			\$		
	Other (identify)					\$	
return fo		ncial Aid Office along wi ch a separate sheet expla					
4. By sig	ning below I certify	that the above information	is complete and ac	curate.			
Student S	Signature		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