2023-2024 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 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? _______________________
   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 2021 Federal Tax Transcript or tax return. If you did not file a tax return for 2021, 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

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