

2023-2024 Verification of Support Form

Date: _ Student	Name:	tudent ID:	_	
with you verify th	and receive more than	n half of their support from you. Since ovider for your child, not your parents	this statement is the basis for your inc	e children or other dependents that live dependent status is it necessary for us to wer the following questions, additional
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	o live with you for the entire school year	ar? □ YES □ NO	
	Do you and/or your o	dependent(s) live with your parents?	\square 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?			
	Who provides medic	al insurance for your dependent?		_
2. List y	our current monthly ir	ncome below:		
	Wages, salaries, tips	\$	Veteran's Benefits	\$
	Unemployment	\$	Social Security/SSI	\$
	Child Support	\$	Public Assistance (ADC/AFDC)	\$
	Disability payments	\$	Worker's Comp	\$
	Other (identify)			\$
return f		cial Aid Office along with a copy of y h a separate sheet explaining how you		
4. By sig	gning below I certify th	nat the above information is complete a	and accurate.	
Student Signature		Date		
Return f	orm to:			
Russell Sage College Financial Aid Office 65 First Street		Russell Sage College Financial Aid Office 140 New Scotland Avenues		

Albany, NY 12208

Phone: (518) 292-1783

Troy, NY 12180

Phone: (518) 244-4525