

## Children Supported Verification

Student Name (Print)	FSU ID #	
<b>Permanent Home Mailing Address</b>		
City	State	Zip
Phone		
<b>Place of residence during academic year (If Different)</b>		( ) Check if same as above
City	State	Zip
Phone		

**For the 2026 – 2027 academic year, you indicated that you have a financially dependent child(ren).  
Please complete the information below and attach backup documentation to prove support.**

Name of Child Supported:	DOB:
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Name of Child Supported:	DOB:
Are you the child(ren)'s biological or legally adopted parent?	Yes    No
Do you own, rent, or stay with family/friends	Own    Rent    Family/Friends
Does the child(ren) live with you during the academic year?	Yes    No (Describe Below)
Other _____	
Did you claim the child(ren) as a tax exemption in 2024?	Yes    No
Did you claim the child(ren) as a tax exemption in 2025?	Yes    No
Will you claim the child(ren) as a tax exemption in 2026?	Yes    No

**Current Sources of Income/Support per Month  
(\*Please attach proof of each income source applicable)**

Wages:	Food Stamps (SNAP):
WIC/TANF/AFDC/Welfare:	Housing / Utility Assistance
Parent or Relative:	Other:
Social Security Benefits:	Child Support:
<b>By signing, you certify that the information given on this form is true and complete. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.</b>	
Signature:	Date: