# 2026–2027 Verification of Dependent Support

LIFE University | Financial Aid
DIVISION OF STUDENT AFFAIRS

Student's Last Name _____ First Name _____

Student's ID or Last 4 Digits of Social Security Number _____

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) for the 2026–2027 academic year and you answered **YES** to having a child/children for whom you provide more than 50% of their support. Students who can demonstrate that they will provide more than half of their child(ren)'s financial support **from July 1, 2026 through June 30, 2027** may be considered independent for federal financial aid purposes.

If you do **not** provide over half of the financial support for your child(ren), you need to correct your 26-27 FAFSA under the Personal Circumstances section and indicate that you do not provide over half financial support for child(ren). You will then be directed to provide your parent's information.

**You must complete all sections below:**

## Section A

List all dependent children for whom you provide more than half of their support.

| Name of Child | Date of Birth | Child Lives with Me |
|---|---|---|
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |
| | | ☐ Yes ☐ No |

## SECTION B

Document how you support yourself and your children. Indicate your current **monthly** income and attach the ***required documentation*** for each source of income below. Indicate "0" for income not received.

| Income Source | Monthly Amount | Required Documentation |
|---|---|---|
| Wages | $ | Recent pay stub(s) |
| Child Support | $ | Current documentation of child support received |
| Public assistance | $ | Public assistance budget |
| Social Security | $ | Social Security statement |
| Assistance from your parent(s) | $ | Written statement from parent(s) signed and dated |
| Other | $ | Document verifying amount of income received |

## Section C: Additional Information

Are you currently residing with anyone other than your children? ☐ Yes ☐ No If "Yes", what is their name and relationship to you?

Name _____ Relationship _____

How much is this person contributing towards the monthly household expenses? $_____month

Who claimed your child(ren) as a dependent on their most recently filed federal income tax return?

Name _____ Relationship to your child(ren) _____

***Submit a copy of the child's (children's) birth certificate(s) with this form. A copy of the birth certificate is not needed if you submitted a copy previously.***

**Incomplete forms will be returned**

By signing this statement, I, the student, certify that the information has been read and is accurate and true. If I, the student, purposely give false or misleading information, I may be subject to prosecution per Federal Regulations.

Student's Signature _____ Date _____

**Return Form to: FinAidMail@LIFE.edu or 1250 Life's Way, Building 800, Marietta, GA 30060 Attn: Financial Aid**