2025-26 Proof of Dependent(s) Form

Office of Financial Aid & Scholarships
738 S. Mason St., MSC 3519
Harrisonburg, VA 22807
Phone: 540-568-7820
Secure Fax: 540-568-7994
Email: verification@jmu.edu

STUDENT NAME: _____   STUDENT ID# _____

This form is used to gather information from unmarried students who are under 24 years of age and claim to have dependents.

Please answer **ALL** questions carefully and attach supporting documentation. <mark>DO NOT LEAVE ANY BLANKS</mark>.

Name:	
Address:	
City:	
State:	
Zip:	

1. Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship. (e.g., birth certificate, legal guardianship, etc.)

   Dependents are those people that you will support between July 1, 2025 and June 30, 2026. Include your children if they get **MORE THAN HALF** of their support from you. Support includes money, housing, food, clothes, medical and dental care, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.
   Include other people only if they meet ALL the following criteria:

   a. They now live with you, and
   b. They now get more than half their support from you, and
   c. They will continue to get this support from you between July 1, 2025 and June 30, 2026.

Name:	Age:	Relationship:

2. Where do the dependent(s) named above live?

   ☐ with the student

   ☐ with the student's parent(s)

   ☐ other

If "Other" is checked, please explain:

_____

_____

_____

3.   What provisions for child care have you made for the time while you are in class?
_____
_____
_____

4. You (the student) will live:

☐ With your parent(s)

☐ Other

If "Other" is checked, please explain:
_____
_____
_____

5. Were you (the student) claimed by your parent(s) on their 2024 tax return?

☐ No

☐ Yes

6.   Was your dependent claimed by anyone other than you (the student) on his 2024 tax return?

☐ No

☐ Yes

If "Yes", please list the name of that person and their relationship to you, the student.

Name:	Relationship:

7.   Please list the estimated <mark>monthly</mark> expense for the support of your dependent(s), over and above the support received through any federal programs listed below.

$	

8.   Please list all sources of support. You must attach supporting documents. (Examples include: copy of most recent pay stub, welfare benefits including TANF and/or SNAP, cancelled checks or other proof of child support paid, WIC program eligibility notice, etc.)

1.	
2.	
3.	
4.	

_____   _____

STUDENT SIGNATURE   DATE

Student ID#_____