

## 2016-2017 Independent Support Documentation

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The information on your Verification Worksheet indicates that you included in your household “other people that now live with you and you provide more than half of their support, and will continue to provide more than half of their support from July 1, 2016 to June 30, 2017”. Please complete this form to document that you meet these requirements. Ensure you complete this form fully or it may be returned to you. We may require additional documentation for any of the information on this form. If you have any questions, please contact the Office of Financial Aid at 1 (479) 788-7090.

Please provide information for the following person(s) that was included on your family grid on the Verification Worksheet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completely answer each question or circle Yes or No.**

Does this person(s) live with you currently?    Yes                      No

Will this person(s) continue to live with you from July 1, 2016 through June 30, 2017?    Yes                      No

List any income received by the above person(s) (include wages, government assistance, social security, disability, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you provide more than 50% of this person’s support?    Yes                      No

Please describe in detail the financial support you provide for this person(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Certification:**

By signing this form, I certify that all the information reported on this form is complete and correct.

**WARNING:** If you purposefully give false or misleading information on this form, you may be fined, sentenced to prison, or both.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_