



2026-27 Proof of Dependent Support

For Independent Students

This form is used to determine whether you provided more than one half of the support for another person (child or other dependent). You may be required to provide proof of the information on this form. If you do not provide the required documents when requested, no further action will be taken on your financial aid file.

Student Name: _____ **eNumber:** _____

Name(s) of Dependent(s): _____

Relationship to Student: _____

Annual Amount for:	Provided by Student	Provided by Dependent	Provided by Other Sources (ex: Other Family, etc.)
Housing (Rent/Mortgage)	\$	\$	\$
Utilities	+	+	+
Food	+	+	+
Clothing	+	+	+
Daycare/Education	+	+	+
Medical/Dental/Health	+	+	+
Consumables (Diapers, Toiletries, etc.)	+	+	+
Other (Explain)	+	+	+
Total:	= A	= B	= C

Total Annual Cost to Support this Dependent- Add Boxes A, B and C:	A+B+C= D
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Total amount of funds belonging to the dependent(s) including savings, other accounts and income received (both taxable and nontaxable):	\$ _____
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Divide Box D by 2:	D÷2= E
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Is the number in Box E Greater Than Box A?	Yes No
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CERTIFICATION AND SIGNATURES
By signing this form, you are confirming that all of the information you have provided is true and complete to the best of your knowledge.

WARNING: If you purposely give false or misleading information on this worksheet for the purpose of accessing federal student aid, Elmhurst University will report your actions to the Inspector General of the U.S. Department of Education.

Student Signature: _____ Date: _____