



## 2024-2025 Proof of Dependent(s) Form

Financial Aid Office  
1100 E. 14<sup>th</sup> St.  
PMB A-8  
Ada, OK 74820  
Phone: 580-559-5243  
Fax: 580-559-5638

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address \_\_\_\_\_

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

Please answer ALL questions carefully and attach supporting documentation. DO NOT LEAVE ANY BLANKS. Please print your answers.

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, 2024 and June 30, 2025. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they met the following criteria.

1. they now live with you, and
2. they now get more than half their support from you, and
3. they will continue to get this support from you between July 1, 2024 and June 30, 2025.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

With the student     With the student's parents     Other

If Other is checked, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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3. You (the student) will live:

With your parent(s)

Other

If Other is checked, please explain:

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4. Were you (the student) claimed by your parent(s) on their previous year tax return?

Yes       No

5. Was your dependent claimed by anyone else other than you (the student) on the previous year tax return?  Yes  No

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\$ \_\_\_\_\_ per month

7. Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; AFDC check; Notice of Action form from your worker with current date; canceled checks or other proof of child support paid; WIC program eligibility notice)

I certify that the foregoing information provided is true and correct.

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

\_\_\_\_\_  
Date