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. DO NOT LEAVE ANY BLANKS.
Please print your answers.

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<th>Name:</th>
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<tbody>
<tr>
<td>UIN:</td>
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<tr>
<td>Address:</td>
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<td>City:</td>
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<td>State:</td>
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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, 2019 and June 30, 2020. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they meet 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 from July 1, 2019 through June 30, 2020.

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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2. Where do the dependents(s) named above live?

- [ ] With the student
- [ ] With the students’ parent(s)
- Other, 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 parents
   - [ ] Other, please explain ________________________________

5. Were you (the student) claimed by your parent(s) on their 2017 tax return?
   - [ ] No
   - [ ] Yes

6. Was your dependent claimed by anyone other than you (the student) in 2017 on their tax return?
   - [ ] No
   - [ ] Yes

   If yes, please list the name of that person and their relationship to you, the student.
   
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7. 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

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

   1. 
   2. 
   3. 
   4. 

Student’s email address: ___________________________  Home telephone number: ___________________________  Work/Cell telephone number: ___________________________

Student’s signature: ___________________________  Date: ___________________________

Proof of Dependents 1819

Old Dominion University is an equal opportunity, affirmative action institution. Minorities, women, veterans, and individuals with disabilities are strongly encouraged to apply.