

Southwestern Illinois College
Office of Financial Aid, Veteran Services and Student Employment
 2500 Carlyle Avenue • Belleville, IL 62221-5899
 866-942-SWIC (7942), ext. 5288 • 618-235-2700, ext. 5288 • Fax 618-235-3827

VERIFICATION OF DEPENDENTS – *INDEPENDENT STUDENT*

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, SWIC is required to compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. **You must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office at SWIC. We may ask for additional information.** If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

 Student's Name

 Student's SWIC Student ID Number

A. You have indicated that you have people in your household other than your child(ren) or spouse (if applicable) for whom you provide greater than 50% support. In the area below, for the time period of July 1, 2023, through June 30, 2024, please list all household members including yourself, your spouse, and your children who receive more than half of their support from you, along with any other people (these others **must** live with you and receive greater than 50% of their support from you) that you believe qualify as dependents for financial aid purposes based on the guidelines in the 2023-2024 FAFSA. Complete all sections for each household member.

<u>Read directions above before completing these columns.</u> Full Legal Name (required)	Age (required)	Relationship to Student (required)	College (Name and State) (required IF attending between 7-1-2023 and 6-30-2024 as described below*)	Will be Enrolled at that college at Least Half Time (Yes or No required if college was listed)
Jessica Suzanne Jones(example)	28(example)	Wife(example)	Central University--Ohio (example)	Yes(example)
		SELF		

If you need extra room, please attach a separate page (signed and dated, along with your name and SWIC Student ID Number at the top) reporting all of the requested information for each additional household member.

*Write in the **name of the college and state ONLY** if attending at least half-time between July 1, 2023, and June 30, 2024, and enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution.

Complete EITHER section B (below) OR section C (next page).

B. If you previously answered the question incorrectly about having dependents other than your child(ren) and/or spouse (if applicable), indicate that below, sign and date on the indicated lines, skip the rest of the form, and submit it to the Financial Aid Office.

___ **Yes, I incorrectly answered** that I have dependents [other than my child(ren)/spouse] who live with me and will receive greater than 50% of their support from me through June 30, 2024. Please correct my household size to not include them.

 Student's Signature

 Date

If you have dependents other than your child(ren)/spouse, you **must** complete the other side of this form.

C. Please answer ALL of the following questions about EACH dependent other than your child(ren)/spouse. **If this form is submitted to us incomplete, we cannot include those people other than your child(ren)/spouse in your household size for the 2023-2024 financial aid year.** If you need to provide information for more than two dependents, please feel free to copy this page or ask for another copy.

Full Name of dependent: _____ **(Answer all questions below.)**

- Did this dependent live with you when you filed your 2023-2024 FAFSA? _____
 - If not, when did this dependent begin living with you (month and year)? _____
- Will this dependent continue to live with you throughout the period of July 1, 2023, through June 30, 2024? _____
- Over the period of time lived with you between July 1, 2023, and June 30, 2024, will you provide greater than 50% of this dependent's total support for all twelve months combined? _____
- Did (or will) you (and/or your spouse, if married) claim this person as a dependent/exemption on your 2022 federal tax return? _____
 - If not, in the area below you must explain: why not, who did, and why they were able to take the exemption instead of you.

Full Name of dependent: _____ **(Answer all questions below.)**

- Did this dependent live with you when you filed your 2023-2024 FAFSA? _____
 - If not, when did this dependent begin living with you (month and year)? _____
- Will this dependent continue to live with you throughout the period of July 1, 2023, through June 30, 2024? _____
- Over the period of time lived with you between July 1, 2023, and June 30, 2024, will you provide greater than 50% of this dependent's total support for all twelve months combined? _____
- Did (or will) you (and/or your spouse, if married) claim this person as a dependent/exemption on your 2022 federal tax return? _____
 - If not, in the area below you must explain: why not, who did, and why they were able to take the exemption instead of you.

It is possible that we will ask for documentation from you that each dependent lives with you and/or that you provide greater than 50% of their support. It is not required at this time, but you may attach to this completed form any information that you believe will be helpful in documenting or explaining your situation.

Student's Signature

Student's SWIC Student ID Number

Date