2015-2016 DOCUMENTATION OF SUPPORT FOR DEPENDENT CHILDREN

Submit this completed form to the Western Oregon University Financial Aid Office and attach any additional documentation.

______________________________________________________________  ______________________
Student Name (print)                                              WOU Student ID

______________________________________________________________  ______________________
Address                                                             Phone

City                  State                  Zip

For the 2015-2016 academic year, you indicated that you have a dependent child(ren). Please respond to the items on this form so that your status can be documented.

1. Name of child: ______________ Age: ___
   Name of child: ______________ Age: ___
   Name of child: ______________ Age: ___

2. Are you the child(ren)’s parent?  □ Yes  □ No
   If not, what is your relationship to the child(ren)?

3. Does the child(ren) live with you?  □ Yes  □ No
   If yes, what percentage of the time?
   Are you the custodial parent?  □ Yes  □ No

4. Do you provide more than one-half of the support for the child(ren)?

5. Did you claim the child(ren) as a tax exemption in 2014?
   Will you claim the child(ren) as a tax exemption in 2015?
   If you did not claim the child(ren) in 2014, who did?
   What is this person’s relationship to you?

6. Where do you live? Check one:
   □ On campus
   □ With your parent(s)
   □ Off campus with a roommate
   □ Off campus without a roommate
   □ Other: __________________________

7. Do you share expenses of your housing with anyone?
   If so, with whom? How much does each of you pay per month?

8. How much does it cost each month, on average, for you and your child(ren)’s expenses?

<table>
<thead>
<tr>
<th>Type of monthly expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$______</td>
</tr>
<tr>
<td>Utilities</td>
<td>$______</td>
</tr>
<tr>
<td>Food</td>
<td>$______</td>
</tr>
<tr>
<td>Clothing</td>
<td>$______</td>
</tr>
<tr>
<td>Diapers</td>
<td>$______</td>
</tr>
<tr>
<td>Medical</td>
<td>$______</td>
</tr>
<tr>
<td>Childcare</td>
<td>$______</td>
</tr>
<tr>
<td>Transportation</td>
<td>$______</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$______</td>
</tr>
<tr>
<td>Other</td>
<td>$______</td>
</tr>
<tr>
<td><strong>TOTAL PER MONTH</strong></td>
<td>$______</td>
</tr>
</tbody>
</table>

WOU Financial Aid Office
345 North Monmouth Avenue  Monmouth, OR 97361  Tel: 503-838-8475  Fax: 503-838-8200  wou.edu/financialaid  finaid@wou.edu
9. Source(s) of your monthly income.
   Note: After reviewing, we may require further documentation.

   Wages (attach a paystub) $_______
   SNAP $_______
   WIC/TANF/Welfare $_______
   Housing/Utilities Subsidies $_______
   Child Support Received $_______
   Oregon Health Plan $_______
   Parent, relative or other $_______
   Financial Aid (attach a copy of previous award letter) $_______
   Other: _____________________________________ $_______

   TOTAL PER MONTH $_______

___________________________________________ ______________
Student Signature  Date

List information regarding the other parent in the next section. If you cannot obtain information, please explain why below.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

THIS SECTION TO BE COMPLETED BY THE OTHER PARENT

10. Do you as the other parent provide child support for the child(ren) named on the other side of this form?
   ☐ Yes  ☐ No  Monthly amount? $_______

11. Source(s) of your monthly income?

   Wages $_______
   SNAP $_______
   WIC/TANF/Welfare $_______
   Housing/Utilities Subsidies $_______
   Child Support Received $_______
   Oregon Health Plan $_______
   Parent, relative or other $_______
   Financial Aid (attach copy of previous award letter) $_______
   Other: __________________________ $_______

   TOTAL PER MONTH $_______

12. Do you provide any additional support to the child(ren) or other parent? Support includes housing, food, clothing, medical, childcare, transportation and miscellaneous personal expenses. Please list the amount per month that you provide.

   ____________________________________________
   ____________________________________________
   ____________________________________________

13. Do you attend a college or university?
   ☐ Yes  School Name: __________________________
   ☐ No

   __________________________
   Other parent’s signature

   __________________________
   Other parent’s name (print)

   __________________________
   Date