

# WESTERN OREGON UNIVERSITY

## 2011-2012 DOCUMENTATION OF SUPPORT FOR DEPENDENT CHILDREN

Submit this completed form to the Western Oregon University Financial Aid Office.

Student Name (print) \_\_\_\_\_

WOU Student ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For the 2011-2012 academic year, you indicated that you have a dependent child(ren). Please respond to the items on this form so 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 time? \_\_\_\_\_  
 Are you the custodial parent? Yes No

4. Do you provide more than one-half of the support for the child(ren)? Yes No

5. Did you claim the child(ren) as a tax exemption in 2010? Yes No

Will you claim the child(ren) as a tax exemption in 2011? Yes No

If you did not claim the child(ren) in 2010, 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 do each of you pay per month?  
 \_\_\_\_\_  
 \_\_\_\_\_

### MONTHLY EXPENSES

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

**Type of monthly expenses**    **Monthly expenses**

Housing (Attach copy of rental agreement) \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

Diapers \_\_\_\_\_

Medical \_\_\_\_\_

Childcare \_\_\_\_\_

Transportation \_\_\_\_\_

Health Insurance \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL PER MONTH** \_\_\_\_\_

#### Financial Aid Office

**9. Source(s) of your monthly income**

Wages (attach a paystub) \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
WIC/TANF/Welfare \$ \_\_\_\_\_  
Housing Subsidy \$ \_\_\_\_\_  
Utilities Subsidy \$ \_\_\_\_\_  
Oregon Health Plan \$ \_\_\_\_\_  
Parent, relative or other \$ \_\_\_\_\_  
Financial Aid (attach a copy of award letter)  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Student signature

TOTAL PER MONTH \$ \_\_\_\_\_

\_\_\_\_\_  
Date

List information regarding the other parent below. 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 \_\_\_\_\_ Monthly amount? \_\_\_\_\_

No \_\_\_\_\_

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.

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

11. Source(s) of your monthly income?

Wages (attach a paystub) \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
WIC/TANF/Welfare \$ \_\_\_\_\_  
Housing Subsidy \$ \_\_\_\_\_  
Utilities Subsidy \$ \_\_\_\_\_  
Oregon Health Plan \$ \_\_\_\_\_  
Parent, relative or other \$ \_\_\_\_\_  
Financial Aid (attach a copy of award letter)  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

13. Do you attend a college or university?

\_\_\_\_ Yes, Location: \_\_\_\_\_

\_\_\_\_ No

TOTAL PER MONTH \$ \_\_\_\_\_

\_\_\_\_\_  
Other parent's signature

\_\_\_\_\_  
Other parent's name (print)

\_\_\_\_\_  
Date

**Financial Aid Office**