



HIGH POINT UNIVERSITY
Premier Life Skills University™

Office of Student Financial Planning

Drawer #49
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High Point, NC 27268
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Room 100 of Roberts Hall

2020 – 2021 Proof of Legal Dependent(s) Form

A. Student Information

Last Name: _____ First Name: _____ MI: _____

HPU ID: _____ Social Security Number: _____ Date of Birth: _____

This form is used to gather information from 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 QUESTIONS BLANK.** Please print your answers.

B. Dependent Information

Please list the names and ages of **YOUR** dependent(s) 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, 2020 and June 30, 2021. Include your children if they get **MORE THAN HALF** of their support from you. Include other people only if they meet 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, 2020 and June 30, 2021.

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 person(s) listed below as dependents.

Name	Age	Relationship (to you)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where do the dependent(s) named above live?

With the student

With the student's parent(s)

Other, please explain: _____

2020 – 2021 Proof of Legal Dependent(s) Form (continued)

C. Additional Information

1. What child care provisions have you made for while you're in class? _____

2. You (the student) will live:

With your parent(s)

Other, please explain: _____

3. Do you receive any child support for the listed individual(s)? Yes OR No

If yes, please list the names and amounts of support that you receive monthly

Name

Amount

4. Please indicate if you receive benefits under the government programs listed below and the monthly amount that is given to you.

TANF: _____

SNAP (food stamps): _____

Housing allowance or other HUD benefits: _____

Other: _____

If you are currently working and receiving wages, please attach a copy of a recent pay stub which clearly indicates your name and address as the recipient.

D. Sign this Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Student Signature (must be signed in ink)

Date