

R \_\_\_\_\_  
Student Rocket Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name



**2024-25  
SUPPORT OF A DEPENDENT WORKSHEET**

COMPLETE WITH  
BLACK INK ONLY.

You filed the Free Application for Federal Student Aid (FAFSA) as an independent student, stating that you have a dependent child or a legal dependent (other than a spouse) who lives with you and receives more than half of his or her financial support from you. Please complete all parts of this worksheet and return it to the Office of Student Financial Aid (OSFA) with the required supporting documentation indicated in PART B and PART C.

Dependent's Name \_\_\_\_\_ Relationship to You \_\_\_\_\_ Dependent's Date of Birth \_\_\_\_\_

**PART A: Answer each of the following questions:**

1. With whom and where will you live while you are in school? \_\_\_\_\_
2. Do you pay rent and/or other housing costs?  Yes  No
3. With whom and where does/will your child/legal dependent live while you are in school? \_\_\_\_\_
4. Who will claim your child/legal dependent on their 2024 federal tax return? \_\_\_\_\_
5. Who pays for your child's/legal dependent's childcare (if applicable)? \_\_\_\_\_
6. Who pays for your child's/legal dependent's food? \_\_\_\_\_
7. Who pays for your child's/legal dependent's medical needs? \_\_\_\_\_

**PART B: Answer each of the following questions to help us understand how you are providing for your child/legal dependent. If you answer "Yes" to any question below, attach a copy of documentation that verifies your receipt of that type of assistance. The documentation should identify the name of your child/legal dependent.**

- Do you receive Women, Infants, and Children Program (WIC) Benefits for your child/legal dependent (not pregnancy benefits)?  Yes  No
- Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps) for your child/legal dependent?  Yes  No
- Do you receive Medicaid for your child/legal dependent?  Yes  No
- Do you receive child support?  Yes  No If yes, amount per month: \$ \_\_\_\_\_
- Are you currently working?  Yes  No
- If yes, name of employer: \_\_\_\_\_ If yes, net wages per month: \$ \_\_\_\_\_
- If no, when do you expect to return to work? \_\_\_\_\_
- Do you have any other source(s) of income?  Yes  No
- If yes, list source(s): \_\_\_\_\_ If yes, amount per month: \$ \_\_\_\_\_

**PART C: Please submit copies of the following supporting documentation:**

1. Your child's birth certificate or court documentation naming you as the legal custodian of your legal dependent, if applicable.
2. Your lease, rental agreement, or rent receipts for your and your child's/legal dependent's housing.
3. Childcare expense receipts (if applicable).
4. Your most recent pay stub (or letter from employer with anticipated return to work date).

**If you are unable to provide sufficient documentation demonstrating that you provide more than half of a dependent child's or legal dependent's financial support, you are a dependent student for FAFSA purposes and your parent information and a parent signature are required on your 2024-25 FAFSA. You will receive an email notification from the OSFA if the addition of parent information is required.**

**YOU MUST ALSO COMPLETE PAGE 2.**

**STUDENT HANDWRITTEN SIGNATURE AND DATE ARE REQUIRED BELOW.**

AN ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.

**Certification Statement:** By signing this worksheet, I certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Signature – use full legal name

\_\_\_\_\_  
Date

**Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.**

**TO RETURN THIS FORM:**

Upload to: *myUT.toledo.edu*  
"My Financial Aid"  
"Financial Aid Documentation Upload"

Mail to: The University of Toledo  
Office of Student Financial Aid  
2801 West Bancroft Street, Mail Stop 314  
Toledo, OH 43606-3390

In person: Rocket Solution Central  
1200 Rocket Hall

Fax to: 419.530.5835