

# Office of Financial Aid Dependent Child Form



## Please fill in the spaces below:

Student's Name (Please Print): \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

For the 2019-20 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.

- Name of child \_\_\_\_\_ Age \_\_\_\_\_  
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 Name of child \_\_\_\_\_ Age \_\_\_\_\_
- Are you the child(ren)'s parent? Yes No  
 If not, what is your relationship to the child(ren)? \_\_\_\_\_
- Do(es) the child(ren) live with you? Yes No  
 (If yes, what percentage of time? \_\_\_\_\_)  
 Are you the custodial parent? Yes No
- Do you provide more than one half of the support for the child(ren)? Yes No
- Do you claim the child(ren) as a tax exemption? Yes No  
 If you did not claim the child in 2017, who did? \_\_\_\_\_  
 What is his/her relationship to you? \_\_\_\_\_
- Do you receive federal and/or state funding to assist in supporting child(ren)? Yes No  
 If yes, please provide copy of federal/state documentation.
- Where do you live? Circle one. With parents On-Campus Off-Campus  
 Off-Campus with roommate Other \_\_\_\_\_

Do you share expenses of your housing with anyone? Please explain who you share with and how much each of you pay per month.

\_\_\_\_\_

### MONTHLY BUDGET OF CUSTODIAL PARENT

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

Type of monthly expenses	Current monthly expenses	Monthly expenses during 07/01/2019- 06/30/2020
Housing (Attach copy of rental agreement)	_____	_____
Utilities	_____	_____
Food	_____	_____
Clothing	_____	_____
Diapers	_____	_____
Medical	_____	_____
Child Care	_____	_____
Transportation	_____	_____
Insurance Costs: (List insurance coverage)	_____	_____
Other	_____	_____
Other	_____	_____
<b>TOTAL PER MONTH</b>	_____	_____

**University of Rio Grande/Rio Grande Community College**

PO Box 500  
 Rio Grande, OH 45674-0500

**Financial Aid Office**  
 Phone: 740-245-7218  
 Fax: 740-245-7102

Email: [finaid@rio.edu](mailto:finaid@rio.edu)



Visit: [www.rio.edu](http://www.rio.edu) for more information

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**Please fill in the spaces below:**

**MONTHLY INCOME OF CUSTODIAL PARENT**

9. Report your monthly sources of income (other than financial aid) and the expected amounts for the following time periods.

Source of Monthly Income	Current Monthly Income	Income during: 07/01/2019 - 06/30/2020
Wages (attach a check stub)	_____	_____
Child Support	_____	_____
Food Stamps	_____	_____
WIC/AFDC/ADC/TANF	_____	_____
Housing Subsidy	_____	_____
Utilities Subsidy	_____	_____
Money received from Parent, relative or other person	_____	_____
Other: Please identify	_____	_____
<b>TOTAL PER MONTH</b>	_____	_____

\_\_\_\_\_  
Custodial Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent's Signature

\_\_\_\_\_  
Date

**Note: If the custodial parent cannot obtain information from the child(ren)'s other/non-custodial parent, check here \_\_\_ and submit a letter of explanation.**

**THIS SECTION IS TO BE COMPLETED BY THE CHILD(REN)'S NON-CUSTODIAL OR OTHER PARENT**

10. Do you as the non-custodial or other parent provide child support for the children named on the other side of this form? Yes No  
If yes, how much monthly? \_\_\_\_\_

11. Are you required by law to provide this amount of child support? Yes No

12. Do you provide any additional support\* to the child or custodial parent? Yes No  
\*Support includes housing, food, clothing, medical, childcare, transportation and miscellaneous personal expenses.  
If yes, please list the amount per month that you provide. \_\_\_\_\_

\_\_\_\_\_  
Non-Custodial Parent's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Custodial Parent's Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
COMMENTS: _____	
APPROVED PER PROFESSIONAL JUDGEMENT: _____	_____
Advisor Signature	Date

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