

Student Information

Name:

Phone:	Email:
	e children who receive more than half of their support from you atus, it is necessary for you to validate your response. Please ay be requested.
1. What is the birth date of your dependent(s)?	
2. Who claimed/will claim you as a tax exemption in:	20142015
3. Who claimed/will claim your dependent(s) in:	20142015
4. Who provides medical insurance for:	ouYour Dependent
5.Please estimate your income for 2015:	\$
6. Who pays for day care expenses for your depender	nt(s)?
7.Did you receive child support in 2014? If yes, how if from whom?8.Will you receive child support in 2015? If yes, how from whom?	\$
9. How much child support did you/will you pay in:	2014 2015
	ng or other basic subsistence for your child or yourself in
2014? If yes, how much and from whom?	
11. Will you receive financial support for food, housing	ng or other basic subsistence for your child or yourself in
2015? If yes, how much and from whom?	
12. Where will you and your dependent be residing wOn-campusOff-Campus, alone with my dependentWith Parents, If living with parents, how muchOff-Campus with a person who provides suppOff-Campus with others who are not providingMy dependent does not live with me: Explain	while you attend Barton? n will you contribute for rent, etc.? port for your dependent and/or you. g support for you or your dependent
Student Signature:	Date:

ID/SSN:

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