

**Verification of Support of  
Child/Dependent  
2025/2026**

DEP24

\_\_\_\_\_ 700 \_\_\_\_\_  
Student's Name (please print) UCM ID Number

On your 2025/2026 Free Application for Federal Student Aid (FAFSA), you indicated that one or more of your children (or a family member other than a spouse) **currently lives (or will live) with you and relies on you for more than half their financial support.**

If this **is not** correct, check here \_\_\_\_, sign and date below, and return this form to UCM Student Financial Services.

If this **is** correct, complete the following information, sign and date where appropriate, and return this form to the UCM Office of Student Financial Services.

Name of dependent child or family member	Age or Birthdate	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you're married and your spouse also attends a college or university**, check here \_\_\_\_ and provide your spouse's name: \_\_\_\_\_ and the college he or she attends: \_\_\_\_\_.

**If you're unmarried or if your child/children have a parent who is not your current spouse**, provide his/her name: \_\_\_\_\_ and the college he or she attends, if any (if not attending, enter 'None'): \_\_\_\_\_.

Explain **where and with whom** your dependent child/family member lives (or will live), and in what manner you provide (or will provide) **at least half** the person's financial support. Please list any state or federal assistance (WIC, SNAP, etc.) as well as other types of support:

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

Will you and your dependent child/family member live with your parent(s) for the 2025/2026 school year (July 1, 2025 - June 30, 2026)? Yes \_\_\_\_ If **Yes**, please complete and sign page 2 of this worksheet.  
No \_\_\_\_ If **No**, please sign and date below.

\_\_\_\_\_  
Student's Signature Date

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**Complete and sign this page only if you and your child will live with your parent(s) during the 2025/2026 school year.**

What is your current approximate monthly income from the following sources?

Employment	\$	/month
Child Support	\$	/month
Government Assistance (WIC, SNAP, etc.)	\$	/month
Other - please list source(s)	\$	/month

Please check and provide monthly amounts for the following expenses you're paying or reimbursing your parent(s) to live in their household:

- \_\_\_ Rent        \$\_\_\_\_\_ per month
- \_\_\_ Utilities    \$\_\_\_\_\_ per month
- \_\_\_ Cell Phone   \$\_\_\_\_\_ per month
- \_\_\_ Groceries    \$\_\_\_\_\_ per month
- \_\_\_ Child Care   \$\_\_\_\_\_ per month

Other expenses - please list:

- \_\_\_\_\_ \$\_\_\_\_\_ per month
- \_\_\_\_\_ \$\_\_\_\_\_ per month
- \_\_\_\_\_ \$\_\_\_\_\_ per month

**Please note: Supporting documentation may be required.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Complete and submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (University of Central Missouri, Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).