

**Verification of Support of
Child/Dependent**
2026/2027

DEP25

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

On your 2026/2027 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 2026/2027 school year (July 1, 2026 - June 30, 2027)? 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 2026/2027 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), by fax (660-543-8080), or via email: financialaiddocuments@ucmo.edu