



# Dependent Child Form

## Please fill in the spaces below:

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

For the 2020-2021 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.

1. Name of child \_\_\_\_\_ Age \_\_\_\_\_  
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 Name of child \_\_\_\_\_ Age \_\_\_\_\_
2. Are you the child(ren)'s parent? Yes No  
 If not, what is your relationship to the child(ren)? \_\_\_\_\_
3. Do(es) the child(ren) live with you? Yes No  
 (If yes, what percentage of time? \_\_\_\_\_)  
 Are you the custodial parent? Yes No
4. Do you provide more than one half of the support for the child(ren)? Yes No
5. Do you claim the child(ren) as a tax exemption? Yes No  
 If you did not claim the child in 2019, who did? \_\_\_\_\_  
 What is his/her relationship to you? \_\_\_\_\_
6. 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.
7. 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<br>07/01/2018 - 06/30/2019 |
|--|--------------------------|--|
| 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: 740-245-7260

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:<br>07/01/2017 - 06/30/2018 |
|--|------------------------|---|
| 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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