



2026-2027 Proof of Dependents Form

Full Name: _____ Evergreen ID: _____

Address: _____ Phone: _____

This form is used to gather information from unmarried students under the age of 24 who claim dependents on the Free Application for Federal Student Aid (FAFSA).

Dependents are those people you will support between **July 1, 2026 and June 30, 2027**. Support includes: money, housing, food, clothes, car, medical and dental care, payment of college costs, and other expenses.

List the names and ages of YOUR dependents and their relationship to you below. Explain where your dependent(s) live, for example: with you, your divorced spouse, or with grandparents, or write *other*, and explain.

Include your children if they receive more than half of their support from you. **Attach legal documentation of their relationship. (e.g. birth certificate, legal guardianship, etc.).**

Include others only if they meet the following criteria:

- They now live with you, **and**
- They now get more than half of their support from you, **and** they will continue to get this support from you between July 1, 2026 through June 30, 2027.

For individuals from this category, document all income and assets for 2024, including wages, tips, untaxed income, Social Security benefits, retirement income, etc. *Attach a separate letter of explanation identifying the sources and amount of their income and assets and include a 2024 IRS Tax Return Transcript from the IRS.* You may be contacted for additional information.

| Name | Age | Relationship | Where does this dependent live? |
|------|-----|--------------|---------------------------------|
| | | | |
| | | | |
| | | | |

If the dependent doesn't live with you, please explain: _____

You (the student) will live: ☐ With your parent(s) ☐ Other: _____

Student Signature: _____ Date: _____

Office of Financial Aid

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