



Dependent Child Form

Please fill in the spaces below:

Student's Name (Please Print): _____

ID Number: _____

Social Security Number: _____

For the 2021-2022 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 _____
 Name of child _____ Age _____
 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 2020, who did? _____
 What is his/her relationship to you? _____

6. Do you receive federal and/or state funding to assist in supporting child(ren)? If yes, please provide copy of federal/state documentation. Yes No

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 07/01/2020 - 06/30/2021
Housing (Attach copy of rental agreement) _____	_____	_____
Utilities _____	_____	_____
Food _____	_____	_____
Clothing _____	_____	_____
Diapers _____	_____	_____
Medical _____	_____	_____
Child Care _____	_____	_____
Transportation _____	_____	_____
Insurance Costs: (List insurance coverage) _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL PER MONTH	_____	_____

University of Rio Grande/Rio Grande Community College

PO Box 500
 Rio Grande, OH 45674-0500

Financial Aid Office
 Phone: 740-245-7218
 Fax: 740-245-7102

Email: finaid@rio.edu



Visit: 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: 07/01/2020 - 06/30/2021
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	_____	_____
TOTAL PER MONTH	_____	_____

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

OFFICE USE ONLY	
COMMENTS: _____	
APPROVED PER PROFESSIONAL JUDGEMENT: _____	_____
Advisor Signature	Date

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