## **NORTH DAKOTA**.

## 2023-2024 Verification of Support of Dependent Child(ren)

## Return to:

**One-Stop Student Services** Memorial Union Room 302 2901 University Ave Stop 7155 Grand Forks, ND 58202-7155

Secure document upload: Verification Document Upload Form

## **Student Information**

st Name	First N	ame	MI	Student I	)
1 1	()				@und.
ate of Birth	Telephone Number		E-Mail Address		
	You indicated on the 2	2023-2024 FAFS4	that you have at I	east one denen	dent child. To
	children as a legal dep		•	•	
	than half of their supp				•
	he information below				
	ur financial aid cannot			-	
	hild(ren) to whom you	•			
Flease list the c	inia(ren) to whom you	i pi ovide 51% su	ρροιτ.		
					Age:
Name:		Age:	Name:		Age:
If yes, what amo	nthly child support?				
	s) of assistance you wi			-	
TANF	WIC Child Care	SNAP Me	dical Housing	Other:	
academic year?	elp provide support fo (Support includes housing	g, food, clothes, med	lical, adult/day care, mo	oney from family/fr	
Relationship to	Child:				
	also attend college in			Yes 1	No
If yes, Name of (	College:		Ci	ty/State:	
By signing this w	vorksheet, I certify tha	t all of the inforn	nation reported on	this worksheet	is complete and correct
Student Signatu	re:			Date <sup>.</sup>	
Stadent Signata				Dutc.	

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.