

Contributor Signature

Dependents in Family Size Form Dependent Student (DDIH)

Academic Year 2025-26 Campus Financial Services Center 7400 Bay Road, University Center, MI 48710 Phone: (989) 964-4900 Fax: (989) 964-4291

Email: cfsc@svsu.edu

		Email. <u>disclosystice</u>
AST NAME	FIRST NAME	MIDDLE INITIAL
VSU ID# or SS#	TELEPHONE#	
your 2025-2026 Verification Worksheet, the ntributor's spouse, the student, the contribution and other people living with the contributor will provide more than half of their s	outor's dependent children (even if ontributor now. Only include depend	they live apart because of colle lent children and other people if t
Full Name	Age	Relationship
tach additional page, if needed)		
certify that those listed above should be an 50% of their support and I will continue to the cough June 30, 2026. You list the same people as you did on your verification eir support for anyone listed who is not a sibling under ceive more than 50% of their support from your contribution cluding Social Security, unemployment, and financial and security is supported by the contribution of the contributio	worksheet, you must document below how rethe age of 24. To qualify, the person must utor(s). Indicate how much your contributor(your contributor(s) provide more than 50° t now live with your contributor(s), as we (s) provides and how much that person e
tification: I certify that the information above is true and	d accurate to the best of my knowledge.	
udent Signature	Date	

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability, or veteran status in the provision of education, employment and other services.

Date