



UNIVERSITY of WESTERN STATES
Integrating Health and Science

2016-17 Documentation of Support for Dependent Children

Student Name (print) _____

Last 4 digits of SSN _____

Address _____

Phone _____

City _____ State _____ Zip _____

For the 2016-17 academic year, you indicated that you have a dependent child(ren). Please complete the information below to document your information:

Name of Child: _____ Age _____

Name of Child: _____ Age _____

Name of Child: _____ Age _____

Are you the child's parent? Yes No
If not, what is your relationship to the
Child(ren)? _____

Does the child(ren) live with you? Yes No
If yes, what percentage of time? _____

Do you provide more than one-half
Support for the child(ren)? Yes No

Did you claim the child(ren) as
A tax exemption in 2015? Yes No

Will you claim the child(ren)
As a tax exemption in 2015? Yes No
If you did not claim the child(ren) in 2015,
Who did? _____
What is this person's relationship to you?

Where do you live? Check one:
 With your parent(s)
 Off campus with a roommate
 Off campus without a roommate
 Other _____

Do you share housing expenses with anyone?
If so, with whom? What is your share?

Monthly Expenses	
How much does it cost, each month, on average, for your and your child(ren)'s expenses?	
Type of monthly expense	Monthly Expense
Housing	_____
Utilities	_____
Food	_____
Clothing	_____
Diapers	_____
Medical	_____
Childcare	_____
Transportation	_____
Health Insurance	_____
Other	_____
Other	_____

Source(s) of your monthly income

Wages (attach a pay stub)	\$
Food Stamps	\$
WIC/TANF/Welfare	\$
Housing/Utilities	\$
Child Support Received	\$
Oregon Health Plan	\$
Parent, relative, other	\$
Financial Aid	\$
Other:	\$
Total per month	\$

List information regarding the other parent below. If you cannot obtain information, please explain why below:

THIS SECTION TO BE COMPLETED BY THE OTHER PARENT

Do you as the other parent provide child support for the child(ren) listed on this document?

Yes _____ Monthly Amount: \$ _____

No _____

Wages (attach a pay stub)	\$
Food Stamps	\$
WIC/TANF/Welfare	\$
Housing/Utilities	\$
Child Support Received	\$
Oregon Health Plan	\$
Parent, relative, other	\$
Financial Aid	\$
Other:	\$
Total per month	\$

Do you provide any additional support to the child(ren) or other parent? Examples of support includes housing, food, etc. Please list amount per month you provide:

Other parent signature

Other parent name (print)

Date