University of Rio Grande

2022-2023

Office of Financial Aid

Dependent Child Form

Please fill in the spaces below:

Student's Name (Please Print):_____

ID Number:_____

Social Security Number:_____

For the 2022-2023 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 2021, 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** 07/01/2021 - 06/30/2022
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

University of Rio Grande

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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: 07/01/2021 - 06/30/2022
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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