

### **University of South Carolina Beaufort**

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

**Office:** 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

# 2026-2027 Legal Dependent Support Form

Last Name	First Name	Mi	iddle Name	Student VIP ID
Student's Email Address				Telephone Number
that you reported so that we	may continue processing y	our finar	ncial aid application.	other person. We need to verify the information Please answer ALL questions carefully and considered incomplete and will not be
Section A: Your Depend	ents			
lame of each dependent eported on your FAFSA	Relationship to you.	Age	Do you pay child support for this person?	Was this person claimed on your 2024 Federal Tax Return Transcript?
Section B: Your Residen	ce			
= =	parent who is paying for m the student and student's a	dependen	t, and the <b>student</b> s	es, the parent would usually be considered the should login to their FAFSA and select make a gal dependents.)
Do you live with someone els yes, provide a copy of your cu		?Ye	sNo If yes, v	who If Name/Relationship
Do you live alone with your d If yes, provide a copy of your	· · · · ·	No		
, ,,				

### Section C: Monthly expenses you provide

Expense	Monthly Amount	Amount YOU pay		
Housing	\$	\$		
Groceries (food, formula)	\$	\$		
Medical Insurance	\$	\$		
Daycare	\$	\$	\$	
Other (child expenses, utilities)	\$	\$		



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## Section D: Required Documentation (if applicable)

	Submitted	Not Applicable
<ul> <li>Copy of your current lease</li> <li>2025 1040 federal tax document (signed)</li> <li>Proof of Medicaid or other health insurance</li> <li>Proof of federal assistance (WIC, TANF, SNAP)</li> <li>Income from work (3 current pay stubs)</li> <li>Proof of Social Security benefits</li> <li>Copy of dependent's birth certificate</li> <li>Proof of child support received from a custodial parent</li> <li>Proof of payment of utilities</li> </ul>		
By signing this document, I certify that all the information reported of information on this document, it will be cause for denial or repayme both.		
Student's signature	Date	