CHILD’S PROOF OF DEPENDENCY AFFIDAVIT

Dependent’s Name __________________________ Dependent’s 7-Digit Student ID Number __________________________

I certify that the above-named child, while not my tax dependent, is:

Please check the appropriate box under Section A and Section B

A. ______ My son or daughter (either natural or legally adopted),

OR

______ My stepson or stepdaughter,

OR

The son, daughter, stepson, or stepdaughter of my domestic partner and resides within the household of the domestic partnership

OR

______ A child who has a court-appointed legal relationship with me, or my domestic partner (i.e. adoption, guardianship, foster child) and who is a member of my household

AND

B. ______ A child for whom I provide over one-half of his/her support;

OR

______ A child who:

a) receives over one-half of his/her support from parents who are divorced, separated, or living apart, and

b) is in the custody of one or both or his/her parents for more than one-half of the calendar year;

OR

______ A child who:

a) receives over one-half of his/her support from parents (but neither parent contributes over one-half of the support),

b) Receives over 10 percent of his/her support from me, and

c) Have neither received a waiver of dependency from anyone else who contributes over 10 percent;

OR

______ A child:

a) Who has not attained age 25, and

b) Both of whose parents are deceased.

__________________________________________  __________________________
Employee’s Signature Date