MOODY BIBLE INSTITUTE 2019-2020 Dependency Support Statement (Others)

Student's Name		Student's MBI ID Number				
To complete the verification of yof the financial support for the d Worksheet. A person other than	ependent(s) v your children	who is not you n or spouse ca	ur child or a spouse than only be counted as	nat you listed on your Ver a dependent if:	rification	
June 30, 2020.	ou and receiv	ves more man	1 30% of mis/her suppo	ort from you between July	y 1, 2019 and	
from you between Jadditional a sheet for Full Name of Dependent	ndent(s) who uly 1, 2019 a	live with you and June 30, 2 dent).	and will receive mor	re than 50% of their finance than one dependent, plotter in Number of months live	ease attach ar	
(First, Middle Initial, Last)	(last 4)			home between July 1, 2019 and June 30, 2020		
B. List below you and	your depende	ent's monthly				
Source			Stude		ent	
Income earned from work			\$	\$		
Unemployment benefits			\$	\$		
TANF/Welfare/Food Stamps			\$	\$		
Child support			\$	\$		
Social Security			\$	\$		
Financial Aid Other Income (please specify)			\$ \$	\$ \$		
in Section A:	hly expenses	that you pay		support your dependent v	who is listed	
Rent/Mortgage			\$			
Utilities (Gas/Electricity/Water)			\$			
Food				\$		
Daycare			\$			
Insurance Other (list)			\$			
Other (list) Other (list)			\$ \$			
Check this box only if you support from you between			nt(s) that will live wit	h you and receive over 5	0% of his/her	
Certification and Signatu Before federal student at verification. WARNING: If or both. By signing this wo	d can be disbu you purposely	give false or nertify that all	nisleading information,		nced to jail	
Student Signature	Subn	nit this works	Date heet to the address bel	ow:		