

Arkansas State University

Dependent Housing Discount Form

(Complete Online Only - Fields highlighted in red are REQUIRED)

Employee Name _____ ASU ID _____
Email Address _____ Phone _____
Department _____

Employee Status:

- Active
 Retired
 Disabled
 Deceased

Dependent Name _____ ASU ID _____
Date of Birth _____

Student Classification _____ Term _____ Year _____

Preferred Residence Hall _____

I am a full-time employee of Arkansas State University and hereby request the dependent housing scholarship. I certify that this student is legally my dependent and meets all of the requirements of a dependent as defined by the IRS.*

Employee Signature _____ Date _____

***Proof of dependency and proof of age must be attached for processing.**

Examples of Dependency Proof:

- Photocopy of prior year 1040 tax return (top portion only)
- Photocopy of court ordered dependency
- Proof of guardianship

Examples of Proof of Age:

- Photocopy of Dependent's Driver's License
- Photocopy of Dependent's birth certificate
- Photocopy of ID Card issued by government agency with name and date of birth

(Please note: A separate form must be submitted each academic year, prior to the fall semester.)

Office Use Only

I certify that the employee named above is eligible for the dependent housing scholarship.

Office of Human Resources

Date