

RHODE ISLAND COLLEGE DEPENDENCY AFFIDAVIT

Employee Name: _____ Dependent Name: _____

Relationship to Employee: _____ Dependent Age: _____

By signing this Dependency Affidavit, I represent that I have read and understood all of the requirements of the Tuition Waiver Program as described in Article XIV, Section 14.6 of the Council on Postsecondary Education's Professional Staff Association agreement and am eligible to receive a Tuition Waiver benefit.

A dependent child is eligible only if all of the following are true:

Initial/Check	Requirement
<input type="checkbox"/>	The child is my biological child, stepchild (by either blood or legal adoption), or foster child by judgment or decree.
<input type="checkbox"/>	The child is either under the age of nineteen (19) at the end of the year in which a Tuition Waiver is sought, or is a full-time student during at least five calendar months during the year and is under the age of twenty- four (24) at the end of the year in which a Tuition Waiver is sought.
<input type="checkbox"/>	The child is a citizen or national of the United States, unless such child is a resident of the United States or a country contiguous to the United States.
<input type="checkbox"/>	I and/or my legally divorced or separated spouse, provide more than half of the child's total support for the year in which the Tuition Waiver is sought.
<input type="checkbox"/>	The child has the same principal place of abode as me and/or my legally divorced or separated spouse for more than one-half of the year in which a Tuition Waiver is sought.
<input type="checkbox"/>	The child has not and will not file a joint return with his or her spouse for the taxable year in which a Tuition Waiver is sought.

Certification

My signature below affirms that all information provided in the Dependency Affidavit is complete and true to the best of my knowledge.

I agree to provide a personal income tax return for the year in which a Tuition Waiver is sought, upon request.

I understand, acknowledge, and agree that I am obligated to repay any tuition waiver benefits received by my dependent child in the even that s/he is ineligible or any information provided in this affidavit is inaccurate, false, or misrepresented, and that my employer may enforce this repayment obligation by any legal means, including but not limited to setoff and recoupment of my wages or other amounts owed to me.

Employee Signature: _____ **Date:** _____

STATE OF RHODE ISLAND

COUNTY OF _____

In _____, on this _____ day of _____, 20____, before me personally appeared _____ to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledges said instrument by his/her executed to be his/her free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____

----- **For Employer Use Only** -----

Eligibility Established: Following Documents viewed: _____