

**2016-17 Dependent Support Form**

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Your status for financial aid as an Independent student is based solely upon your indication that you have children or other dependents who will receive more than half of their support from you from July 1, 2016 – June 30, 2017. Since you do not meet any of the other criteria to be considered independent, you must complete this form to demonstrate how you will provide support for your children or other dependents. If you **cannot** demonstrate support you will be considered a dependent student and your parent will need to complete and sign your FAFSA.

Please complete this form. **Do not leave any questions blank.** Return this form along with **all** requested supporting documentation to the Financial Aid Office. The Financial Aid Office will review your information and determine if it is sufficient to demonstrate support of a child or other dependent. If determined that you do not provide more than half of the support for the child/dependent below, you will be considered a **dependent** student and will need to update your FAFSA to include your parents' information.

<u>Name of Dependent</u>	<u>Relationship to You</u>	<u>Age</u>

1. Will the above dependent(s) receive **more than half** of his/her support from **you** from July 1, 2016 – June 30, 2017?  
 Yes or  No
2. Will your dependent(s) live in the same household as you July 1, 2016 – June 30, 2017?  
 Yes or  No
  - a. If yes, when did the dependent(s) start living with you?  
 Provide Date: \_\_\_\_\_
3. Are you paying for child/daycare for your child / dependent?  
 Yes or  No
  - a. If you answered yes, please provide the following:
    - i. Child/daycare receipts in your name or
    - ii. Statement of account with care provider in your name or
    - iii. Document dependent(s) care received through a state or government program.

**Turn Over to Complete**

4. Are you providing medical coverage for your dependent(s)?

Yes or  No

- a. If yes, attach a copy of medical coverage card
- b. Answer yes if your child has Medicaid through a government program and attach a copy of the medical coverage card.

5. Does your dependent(s) receive any income or support on their behalf during 2015 and/or currently?

Yes or  No

Support includes but not limited to (Attach documentation):

TANF  WIC  SNAP  SSI/SSA  Income Earned from Work

Child Support  Other: \_\_\_\_\_

Please outline how you provide basic necessities (food, clothing, diapers, personal items, etc.) for your dependent(s). Be specific and detailed! Attach another sheet if necessary.

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I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_