



When the Free Application for Federal Student Aid (FAFSA) was completed, you, the student, indicated that you are independent due to having children and/or legal dependents whom you support more than 50% as defined by the Department of Education. Please complete the information below and submit the required legal documentation. If you are unable to prove that you provide 50% of the support to your dependent, you will be considered a Dependent student and be required to correct your FAFSA using your parent's information. As a dependent student, if your parent listed having other dependents whom they support more than 50%, your parent would need to complete this form as well. We will not be able to process your aid until the documentation and form have been fully completed, received, and processed. Additional information may be requested.

Student Information

Student Name _____

Student ID _____

Address _____

City _____

State _____

Zip Code _____

Student Dependent(s) Information

Please check one of the following:

I have, or will have, a child who will receive more than one-half of their support from me from July 1, 2024 to June 30, 2025.

I have dependents, other than a child or spouse, who will receive more than one-half of their support from me from July 1, 2024 to June 30, 2025.

List the names and ages of your dependents and their relationship to you. You must attach copies of legal documentation of their relationship to you (i.e. birth certificates, legal guardianship/court documents, etc.) **NOTE:** Dependents are defined as those people who you will support between July 1, 2024 and June 30, 2025. Include all dependents that live with you and will receive more than one-half of their support from you.

| NAME OF DEPENDENT | AGE | RELATIONSHIP TO STUDENT |
|-------------------|-----|-------------------------|
| | | |
| | | |
| | | |

1. Where will the dependent(s) listed above reside between July 1, 2024 and June 30, 2025?

- With the student
 With the student's parent(s) or other family member
 With another primary caretaker _____

2. Where will you (the student) reside between July 1, 2024 and June 30, 2025?

- Private Residence (must provide copy of lease agreement or bill of purchase)
 With parent(s) or other family member
 On Campus member
 Other: _____

Student Name: _____ Student ID: _____

3. What childcare provisions, if any, have you made for your dependent (s) while you are attending class? _____
4. Were you (the student) claimed as a dependent by your parent(s) for federal tax year 2022? Yes No
5. Were you (the student) claimed as a dependent by someone else for federal tax year 2022? Yes No

Student Financial Information

6. Please list below your estimated monthly expenses you will incur for support of yourself and your dependent(s).

| Monthly Expenses | Total Monthly Amount | Amount paid by student | Name and amount paid by other |
|-------------------------|----------------------|------------------------|-------------------------------|
| Housing/Rent | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Daycare | \$ | \$ | \$ |
| Food | \$ | \$ | \$ |
| Transportation | \$ | \$ | \$ |
| Clothing | \$ | \$ | \$ |
| Health Care & Insurance | \$ | \$ | \$ |
| Car Payment & Insurance | \$ | \$ | \$ |
| Cell Phone | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |

7. Please indicate below your estimated financial sources of monthly income that you or your dependent(s) may receive. Attach supporting documentation such as copies of employee check stubs, AFDC payment receipts, proof of child support payments made to you, if applicable, etc.

| Source | Total Monthly Amount | Documentation | Is document attached? |
|-------------------------------|----------------------|----------------------------|--|
| Wages, Salaries, Tips | \$ | Most recent pay stub(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Benefits | \$ | Statement from agency | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| AFDC/TANF | \$ | Copy of benefits statement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support | \$ | Signed/dated statement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Benefits | \$ | Statement from agency | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing/Utilities Subsidies | \$ | Signed/dated statement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash support (family/friends) | \$ | Signed/dated statement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | \$ | Signed/dated statement | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Certification and Signature

By signing below, I certify that all information provided on this form or on any accompanying documents are true and complete to the best of my knowledge. I understand that if I intentionally give fraudulent statement(s) and/or documentation it may result in federal penalties. A handwritten signature - not electronic/typed - is required below.

Student Signature

Date

Parent Signature (of dependent student)

Date