



Please print in black ink only.

Student Name: _____
Last Name First Name/MI Student ID

You indicated that you have one or more dependent children. Please provide the following information:

Name(s) of Child(ren)	Date(s) of Birth	Relationship to You

1. Do your children live with you? ☐ Y ☐ N
2. Do you provide over one half of their financial support now and will you continue to provide more than half of their support between July 1, 2019 - June 30, 2020? ☐ Y ☐ N
3. Do you and/or your children live with your parent(s)? ☐ Y ☐ N
4. In the chart below, describe your living situation and how you provide more than half of the financial support for your dependent(s).

Monthly Expenses	Monthly Amount	Types of Income	Monthly Amount
Rent		Wages (Taxed/Untaxed)	
Utilities		SSI/SSD	
Transportation		HUD	
Food		SNAP	
Health		TANF	
Other		Child Support Received	
		Alimony Received	
		Veteran's Benefits	
		Unemployment	
		Portion* of bills paid by someone else	
		Other	

*If someone pays all of your bills and they DO live with you, HALF of that amount would be considered your portion.

*If someone pays all of your bills and they DO NOT live with you, the TOTAL amount would be considered your portion.

Student Signature: _____ Date: _____