



Please print in black ink only.

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

I am the Student Parent

Your FAFSA application indicates that you have legal dependents, other than your children or spouse. Please provide the following information. **DO NOT LIST CHILDREN OR SPOUSE.**

Name(s) of Legal Dependent(s)	Date of Birth of Legal Dependents	Relationship to Legal Dependents

1. Do your legal dependent(s) live with you? Y N
2. Do you provide over one half of the legal dependents' financial support now and will continue to provide more than half of their support between July 1, 2020 - June 30, 2021? Y N
3. Do your legal dependent(s) have their own source of income, such as SSI? Y N
If yes, please list amount of 2018 income and source of income.
4. Describe your living situation and how household bills (housing, utilities, food, transportation, personal/miscellaneous) are being paid using dollar amounts.

Student Signature: _____ Date: _____