



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, 2021 - June 30, 2022?  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 2019 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: \_\_\_\_\_