Student Name:	
Student ID #:	
_	(8 digits)



2024-2025 Dependent Support Documentation

On the 2024-2025 Free Application for Federal Student Aid (FAFSA), you indicated you have a child/dependent and will provide more than half of their support from July 1, 2024-June 30, 2025. If this was done in error, please sign here:										
Student Signature Date										
OR										
If you do have a child(ren)/dependent(s) that you provide more than half of their support from July 1, 2024-June 30, 2025, fill out the form below:										
List the dependent(s) for which you provide more than one-half support:										
NAME(S) OF DEPENDENT(S)			AGE(S)	GE(S) RELATIONSHIP(S) TO YOU						
Indicate the primary residence of your dependent(s) and yourself.										
NAME OF PERSON DEPENDENT(S) LIVE WITH			THEIR RELATIONSHIP TO YOU (STUDENT) – I.E. SELF, CO-PARENT, STUDENT'S PARENT							
You must include evidence to demonstrate how you provide more than half of the cost of supporting your dependent(s). Select										
	Documentation of current employment (e.g., a current paystub), or of child support received									
	Documentation to verify other sources of income or financial resources (social security, unemployment, pensions, TANF, food stamps, etc.)									
Did you claim the dependent(s) above as an exemption on your 2022 federal income tax return?										
If no , list the name of the person who claimed the dependent(s) and his/her relationship to you:										
						DEL ATIONGUID TO VOL	r			
NAME RELATIONSHIP TO YOU If the dependent(s) listed above is a child, answer the following:										
Does your parent provide financial support for your child?						☐ YES	□NO			
If yes , list the type of support provided (e.g., clothing, food, medical care):										
Do you have childcare provider expenses?			YES	□NO	If yes,	do you pay for these?	☐ YES	□NO		
By signing, I certify that all the information reported is complete and correct. I understand that purposefully providing false information could result in a reduction and/or repayment of aid and/or denial of future appeals in this and future years.										
Student S	Student Signature Date									