

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

2025-2026 Dependent Support Documentation

On the 2025-2026 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, 2025 - June 30, 2026. **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, 2025- June 30, 2026, 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)	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 the supporting evidence you have included:					
<input type="checkbox"/>	Documentation of current employment (e.g., a current paystub), or of child support received				
<input type="checkbox"/>	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 2023 federal income tax return?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If <i>no</i> , list the name of the person who claimed the dependent(s) and his/her relationship to you:					
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?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If <i>yes</i> , list the type of support provided (e.g., clothing, food, medical care): _____					
Do you have childcare provider expenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <i>yes</i> , do you pay for these?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 Signature _____
 Date