

Student Name: _____ **Student SS#** XXX-XX-_____
 LAST FIRST M.I.

Your status as an Independent student for financial aid purposes is based solely upon your indication that you have a child (or children) &/or other dependents who will receive more than half of their support from you from July 1, 2018 - June 30, 2019. Since you do not meet any other criteria to be considered for Independency, you must complete this form in order to demonstrate how you will provide support for your children &/or other dependents. If you **cannot** demonstrate this support you **MUST** be considered a dependent student and your parent(s) will need to provide their information and sign your FAFSA.

Please complete this form. **Do not leave any questions blank.** Return this form along with **all** requested supporting documentation to the Student Financial Aid Office. The Student Financial Aid Office will review this data & determine if it demonstrates your support of a child or dependent.

<p>1. Do you have a child/dependent who will receive more than half of his/her support from you from July 1, 2018 – June 30, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, please provide copies of the child's birth certificate or If you have dependents other than a child, provide the following (if necessary, use a separate piece of paper): Name of person(s): _____ Relationship(s) to you: _____ Age(s): _____</p>
<p>2. Are you living with your parent(s), family member, guardian or any other adult? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, please provide the following information: Name of person(s): _____ Relationship to you: _____</p>
<p>3. Does your child/dependent live in the same household as you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If NO, please provide the name & relationship of the person with whom your child lives: Name of person: _____ Relationship to child/dependent: _____</p>
<p>4. Will the child/dependent live with you while you are attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If NO, please provide the name & relationship of the person your child will live with when you are in school. Name of person: _____ Relationship to child/dependent: _____</p>
<p>5. Are you paying for daycare for your child/dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, please provide one of the following: • Child/daycare receipts in your name • Statement of account with care provider in your name</p>
<p>6. Are you providing medical coverage for your child? (answer yes if the child has Medicaid through you) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, you MUST need to provide the following: • Copy of medical coverage card</p>
<p>7. Are you receiving child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, how much support did you receive in 2017? • 2017 total \$ _____ How much will you get per month in 2018? \$ _____</p>
<p>8. Do you pay child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, how much support did you pay in 2017? • 2017 total \$ _____ How much will you pay per month in 2018? \$ _____</p>
<p>9. Does anyone provide financial support for you & your child/dependent other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If YES, how much support did you receive in 2017? • 2017 total \$ _____ How much will you get per month in 2018? \$ _____ Name of person(s): _____ Relationship(s) to you: _____</p>

