



Support for Child/Legal Dependent 2024-2025

Name _____ ID# _____

You indicated on your FAFSA that you have a child or legal dependent who receives more than 50% of their support from you. You must clearly demonstrate how you support yourself and provide for their support. Support includes money, housing, food, clothing, medical care, and similar expenses. Please answer the questions below.

Name of Child	Age	Relationship to You

Where does the child/children named above live? With the student Other (please explain below)

Did you claim the child/children named above as a dependent on your 2021 or 2022 Federal Income Tax?

Yes No

(If No, please list the name of the person who claimed the child as a dependent and their relationship to you).

Name	Relationship to You

Were you claimed as a dependent on someone else's 2021 or 2022 Federal Income Tax Return? Yes No

(If Yes, please list the name of the person who claimed you as a dependent and their relationship to you).

Name	Relationship to You

Comments _____

The Office of Financial Aid may request additional documentation to verify the information contained in this form.

Signature

Date