

2019-2020 Documentation of Children and/or Legal Dependents You Support

This form is intended to verify your independent status as reported on the 2019-2020 Free Application for Federal Student Aid (FAFSA). **Please allow 1-2 weeks for processing.**

Student Name: _____ Student ID Number: G _____

Please answer the following questions:

1. Do you have children who will receive more than half of their support* (including housing expenses) from you during the 2019-2020 academic year? Yes No

**Financial aid refunds do not count as a means of support in this definition.*

2. Do you have legal dependents (other than your spouse or children) that live with you AND receive more than half of their support from you now and during the 19-20 academic year? Yes No

3. Will you live with your parents during the 2019-20 academic year? Yes No

Per Federal Student Aid Regulations: "If the student is living with a parent who is paying for most of the household expenses, the parent would usually be considered the primary source of support to the child, and the student would answer "NO" to the FAFSA question about children or legal dependents they support."

If you answered yes to Question 3, please complete the following section. Documentation is required for each line item. If you are paying for any of the expenses listed in cash, please provide a signed statement by the person you are paying that confirms this.

| <u>Monthly Expenses</u> | <u>Amount</u> | <u>Whom are you paying</u> |
|-------------------------|---------------------|----------------------------|
| Housing & Utilities | \$ _____ /per month | _____ |
| Child Care | \$ _____ /per month | _____ |
| Other Expenses | \$ _____ /per month | _____ |

4. **In the chart below, list the names and ages of all people residing in the same home that you live in:** Please indicate which of the members you financially support more than 50 percent and will continue to support during the 19-20 academic year.

| Full Name | Age | Relationship | Do You Provide 50% Support |
|-----------|-----|--------------|--|
| | | <i>Self</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Please list below the total household financial support the person(s) listed in the chart above received or will receive.

| <u>Income Source</u> | <u>Total Amount</u> | <u>Who receives income</u> |
|--|---------------------|----------------------------|
| Household Earnings from work <i>Please provide last paystub</i> | \$ _____ /per month | _____ |
| Government Aid* | \$ _____ /per month | _____ |
| Unemployment | \$ _____ /per month | _____ |
| Child Support received | \$ _____ /per month | _____ |
| Worker's Compensation | \$ _____ /per month | _____ |
| Other income | \$ _____ /per month | _____ |
| Money paid on your behalf | \$ _____ /per month | _____ |

***Government aid includes:** Food stamps, Free or Reduced Price Lunch, FIP/FAP/RAP, Cash Assistance, Medicare, Military Benefits (including housing), Section 8, Special Supplemental Nutrition Program for Women, Supplemental Nutrition Assistance Program (SNAP), Infants & Children (WIC), Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF)

Once this form is reviewed, additional documentation could be required. Final determination of your dependency status will be made after review of all information received. If your status changes to dependent, your FAFSA will be updated by GVSU and will be reported as "rejected" to the Central Processing Service and you will be required to make the necessary corrections to your FAFSA. If your independent status is not confirmed, you have the right to appeal by contacting the GVSU Office of Financial Aid & Scholarships.

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____ Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.