

Name: _____	Date: _____
SSN: _____	ID: _____

Federal regulations define a legal dependent as someone for whom another is providing **more than half** financial support. Please indicate below the amount of support you are providing monthly for the dependent(s) indicated on your 2010-2011 FAFSA. Do not include children who do not live with you, even if you are paying child support, and do not include that child support.

1.

Name of Dependent(s)	Date of Birth	Relationship	Who does the dependent(s) live with?	Who will claim the dependent(s) on his/her 2010 taxes?

2. Will you receive monetary assistance from other sources (i.e. child's other parent, your parents, friends, etc.)?  
 Yes  No  If yes, be sure to include the amounts when completing #5 below.

3. Do you receive AFDC/TANF?  
 Yes  No  If yes, the date the benefits began was: \_\_\_\_\_

4. Do you receive any public assistance other than AFDC/TANF?  
 Yes  No  If yes, please complete the chart below:

Type of assistance (WIC, housing assistance, etc.)	Monthly amount received:	Date benefits began:

5.

	Monthly amount of support you have and will continue to provide for the dependent(s).	Monthly amount of support others have and will continue to provide for the dependent(s).	Please list name of person providing support, if not student.
<b>Shelter</b>			
<b>Food</b>			
<b>Clothing</b>			
<b>Medical</b>			
<b>Day Care</b>			
<b>Other</b>			

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_