

Person(s) / Relationship to You	Type of Assistance	Amount per month
_____	_____	\$ _____
_____	_____	\$ _____

7. Where do you live?

- ☐ Parent(s)
☐ Relative/friend
☐ Significant other
☐ In my own apartment/house
☐ Other _____

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8. Does your dependent live with you? ☐ Yes ☐ No ☐ Joint Custody

If yes, since when? _____ Will your dependent live with you **until 6/30/27?** ☐ Yes ☐ No
month/year

Does the dependent's parent/s live with you? ☐ Yes ☐ No

9. How is your housing paid?

- ☐ I pay it myself \$_____ for rent/mortgage per month
☐ My parent pays the rent/mortgage
☐ My significant other/friend/relative pays the rent/mortgage
☐ Other _____

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10. Who claimed your dependent on a **2024** tax return? Name of Person / Relationship to you

- ☐ I did ☐ No one ☐ Other _____

11. Who will claim your dependent on a **2025** tax return? Name of Person / Relationship to you

- ☐ I will ☐ No one ☐ Other _____

12. Who provides your medical insurance? ☐ I do ☐ My Parent(s) ☐ Other _____

11. Who provides your dependent's medical insurance? ☐ I do ☐ My Parent(s) ☐ Other _____

PLEASE NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED TO DOCUMENT YOUR CLAIM.

If we determine you have a qualifying dependent, we will include your dependent in your household size and continue processing your file. If we determine you **do not** have a qualifying dependent, we will not include your dependent in your household size. We will notify you if additional information is required and make corrections to your FAFSA if applicable.

I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student's Signature

Date

Office Use Box

Tech: _____ Date: _____ ☐ Approved ☐ Denied ☐ Follow-up

Notes: