2015-2016 Dependency Documentation

Student Name:  
Student ID:  

In order to process your application for Federal financial aid further information is being requested from you to confirm your dependency status. According to your Free Application for Federal Student Aid (FAFSA):

- You have claimed to be independent based on the fact that you have children who receive more than half of their support from you, from January 1, 2014 through December 31st, 2014; OR
- You have claimed to be independent based on the fact that you have dependents (other than children or a spouse) who live with you and receive more than half of their support from you, from January 1, 2014 through December 31st, 2014; AND
- You have reported an income of less than $2000.00 per household member for the 2014 calendar year.

- Keep in mind that to use the criteria mentioned above to be an independent student, YOU must be the person providing the resources to support your children and/or dependents.

Explain who and how you and your family were able to meet living expense from January 1, 2014 until December 31st, 2014 and please provide further detail if you are reporting support provided by others at no cost to you. Information requested below must not be left blank.

Housing: ____________________________________________________________

Food: _______________________________________________________________

Transportation: _______________________________________________________

Child/Dependent Daycare: _____________________________________________

Other: ______________________________________________________________

The school reserves the right to ask you to obtain third-party documentation in support of the information on this document, including, but not limited to, proof of payments.

By signing this form, I certify that all information reported on it is complete and correct. I declare that all of the information on this form is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and any other documents submitted, including IRS Tax Transcripts and W-2’s.

Student Signature ___________________________ Date ______________________