



**Student ID** \_\_\_\_\_ **Name** \_\_\_\_\_

This form has been requested because you have reported on the FAFSA that you provide at least 51% support for a child or legal dependent.

<p><b>Please answer the following questions for the year 2007:</b></p> <p><b>What is your relationship to your dependent?</b></p> <p><input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent</p> <p><b>Where did you and your dependent live?</b></p> <p><input type="checkbox"/> With a parent/relative/friend  <input type="checkbox"/> Significant other  <input type="checkbox"/> In my own apartment/house  <input type="checkbox"/> Dorm</p> <p><b>How was your housing paid?</b></p> <p><input type="checkbox"/> I paid it myself \$ _____ rent/mortgage per month  <input type="checkbox"/> My parent/relative/significant other/friend paid the rent of \$ _____ per month</p> <p><b>How did you pay for food?</b></p> <p><input type="checkbox"/> Meal Plan <input type="checkbox"/> FIA <input type="checkbox"/> Financial Aid <input type="checkbox"/> Wages  <input type="checkbox"/> Parents/friends <input type="checkbox"/> significant other</p> <p>How much did you spend per month on your food/groceries? \$ _____</p> <p><b>Who claimed you as a Federal IRS Tax Exemption in 2007?</b></p> <p><input type="checkbox"/> Parents <input type="checkbox"/> Self  <input type="checkbox"/> Other, please explain in the space below:          _____          _____</p>	<p><b>Who provides your medical insurance?</b></p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Government  <input type="checkbox"/> Other, please explain in the space below:          _____          _____</p> <p><b>Who provides your dependent's medical insurance?</b></p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Government  <input type="checkbox"/> Other, please explain in the space below:          _____          _____</p> <p><b>Do you pay or receive child support for your dependent?</b></p> <p><input type="checkbox"/> Paid child support in 2007  <input type="checkbox"/> Received child support in 2007  <input type="checkbox"/> I do not pay or receive child support for my dependent</p> <p>If you paid and/or received child support for any member of your household in 2007, list the amount:</p> <p>\$ _____ Paid for the year          \$ _____ Received for the year</p>
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**CERTIFICATION: I certify that the above information is true and accurate.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**