



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>Please answer the following questions for the year 2008:</p> <p>What is your relationship to your dependent?</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent</p> <p>Where did you and your dependent live?</p> <p><input type="checkbox"/> Parent(s)</p> <p><input type="checkbox"/> Relative/friend</p> <p><input type="checkbox"/> Significant other</p> <p><input type="checkbox"/> In my own apartment/house</p> <p><input type="checkbox"/> Dorm</p> <p>How was your housing paid?</p> <p><input type="checkbox"/> I paid it myself:</p> <p style="padding-left: 20px;">\$ _____ rent/mortgage per month</p> <p><input type="checkbox"/> My parent paid the rent/mortgage:</p> <p style="padding-left: 20px;">\$ _____ per month</p> <p><input type="checkbox"/> My significant other/friend/relative paid the rent/mortgage:</p> <p style="padding-left: 20px;">\$ _____ per month</p> <p>How did you pay for food?</p> <p><input type="checkbox"/> Meal Plan <input type="checkbox"/> FIA <input type="checkbox"/> Financial Aid <input type="checkbox"/> Wages</p> <p><input type="checkbox"/> Parents <input type="checkbox"/> Friends <input type="checkbox"/> Significant other</p> <p>How much did you spend per month on food/groceries for yourself and your dependent?</p> <p>\$ _____</p>	<p>Who claimed you as a Federal IRS Tax Exemption in 2008?</p> <p><input type="checkbox"/> Parents <input type="checkbox"/> Self</p> <p><input type="checkbox"/> Other, please explain in the space below:</p> <p>_____</p> <p>Who provides your medical insurance?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Government</p> <p><input type="checkbox"/> Other, please explain in the space below:</p> <p>_____</p> <p>Who provides your dependent's medical insurance?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Government</p> <p><input type="checkbox"/> Other, please explain in the space below:</p> <p>_____</p> <p>Do you pay or receive child support for your dependent?</p> <p><input type="checkbox"/> Paid child support in 2008</p> <p><input type="checkbox"/> Received child support in 2008</p> <p><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 2008, list the amount:</p> <p>\$ _____ Paid for the year</p> <p>\$ _____ Received for the year</p>
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CERTIFICATION: I certify that the above information is true and accurate.

Student Signature

Date