
2018-2019 Legal Dependent Cover Sheet

Student ID _____ Legal Name _____

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

Please answer the following questions for the year 2017:

Dependent's Name: _____ Relationship to You: _____

Dependent's Name: _____ Relationship to You: _____

Dependent's Name: _____ Relationship to You: _____

Submit a signed statement from yourself documenting your support for your dependent. Your statement needs to summarize your support and include information documenting:

- Where do you (or will you) live while you are in school?
- Where does the child (or will the child) or legal dependent live while you are in school?
- Who pays (or will pay) for your housing?
- Who claims the child or legal dependent on federal taxes?
- Who pays (or will pay) for childcare? (if applicable)
- Who pays (or will pay) for food?
- Who pays (or will pay) for medical needs?
- Information on any support* received from other persons (another parent, family member, friend, state agency)

***SUPPORT includes but is not limited to: food, food stamps, housing, clothing, medical and dental care/ insurance, child support, child care, education, transportation, recreation, etc.**