We received information from your 2015-2016 Free Application for Federal Student Aid (FAFSA) that indicates you have a legal dependent other than your child or a spouse. In order to continue processing your financial aid application, we need to verify the information you reported. List your dependents (not including children/spouse) only if they now live with you, receive more than half of their support from you, and will continue to get this support from July 1, 2015 through June 30, 2016. **Please complete the following information and submit this form to our office.**

<table>
<thead>
<tr>
<th>Name of Dependent</th>
<th>Relationship to you</th>
<th>Age</th>
<th>Does this person live with you all year?</th>
<th>Do you provide more than 50% of this person’s support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
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<td>Yes □ No □</td>
<td>Yes □ No □</td>
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<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

- **If you answered “Yes” to providing more than 50% of a person’s support, please complete information below.** If the income you reported on the FAFSA does not accurately reflect how you are financially supporting yourself and your dependents, please provide a statement below explaining your financial situation.

Dependent Expenses

- **Rent/Mortgage**: Amt of Expense $___________ Amt of support provided $___________
- **Utilities**: Amt of Expense $___________ Amt of support provided $___________
- **Food/Clothing**: Amt of Expense $___________ Amt of support provided $___________
- **Medical/Dental**: Amt of Expense $___________ Amt of support provided $___________
- **Transportation**: Amt of Expense $___________ Amt of support provided $___________
- **Miscellaneous**: Amt of Expense $___________ Amt of support provided $___________

Additional Statement:________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

- **If you do not provide more than 50% support of dependent(s),’ they cannot be included in your household for financial aid purposes.** (You may need to correct the question regarding supporting others on your Federal Student Aid Report (SAR) and may need to include your parent(s) information on your SAR. In that case, you and your parent must sign the corrected FAFSA.)

I certify that all of the information on this form is complete and accurate.

______________________________    ________________________________
Student Signature                                             Date