



**Financial Aid, Student Employment
& Military Education Benefits**
 Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469
 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finaid@uwm.edu

2021-22 Dependent Other Than Your Child or a Spouse

Section A – Student Information (Please print clearly)

| | |
|----------------------|----------------------|
| STUDENT NAME: | STUDENT ID #: |
|----------------------|----------------------|

Section B – Support of Individual

Please list your dependents (**not including children/spouse**) if they live with you, receive more than half of their support from you, and will continue to get this support from July 1, 2021 through June 30, 2022.

| Name of Dependent | Relationship to you | Age | Does this person live with you all year? | | Do you provide more than 50% of this person's support? | |
|-------------------|---------------------|-----|--|----|--|----|
| | | | Yes | No | Yes | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |

If you answered "Yes" to providing more than 50% of a person's support, complete the information below.

| | Amount of Dependent Expense | Amount of Support Provided |
|------------------------------|-----------------------------|----------------------------|
| Rent/Mortgage | \$ | \$ |
| Utilities | \$ | \$ |
| Food/Clothing | \$ | \$ |
| Medical/Dental | \$ | \$ |
| Transportation/Miscellaneous | \$ | \$ |

If the income you reported on the Free Application for Federal Student Aid (FAFSA) does not accurately reflect how you are financially supporting yourself and your dependents, please explain below or attach a signed statement explaining your financial situation.

Additional Statement:

If you do not provide more than 50% support, the individual cannot be included in your household size for financial aid purposes. You will need to correct the question regarding supporting others on your FAFSA and may need to include your parent(s) information on your FAFSA.

Section C – Statement of Certification

By signing this worksheet, I certify the information reported is correct to the best of my knowledge.

| | |
|--------------------------|-------------|
| Student Signature | Date |
|--------------------------|-------------|

NOTE: Signatures cannot be typed or stamped. Must be signature.

If you have any questions, please go to <https://go.oncehub.com/uwmfinaid> to make an appointment to speak with a member of our Advising Staff.