

# Support Statement

Student's Name (Printed)

Student ID #



On your Free Application for Federal Student Aid (FAFSA) you answered "yes" to one or both of the following questions:

**Do you now have or will have children who receive more than half of their support from you between July 1, 2023 and June 30, 2024?**

**Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2024?**

**Support** for your dependent(s) includes housing, food, clothing, medical, dental care, childcare, money, gifts, etc. that **you** provide.

**Resources** that enable you to provide the support can include: (1) earnings you receive from work or in-kind support (housing/food in exchange for work), (2) assistance you receive from other agencies (such as Medicaid, TANF, SNAP, WIC, and SSI). **Money you receive from your parent(s) cannot be included as a resource for your dependents' support. For financial aid purposes, foster children are not considered to be legal dependents.**

**\_\_\_\_\_ I answered incorrectly and none of these conditions apply to me. By checking here, I understand that I will need to return this form to the Financial Aid Office and correct my FAFSA by answering this question with "no," adding parental information and a parent signature.**

If you answered correctly, please list your legal dependent(s) if, at the time you completed your FAFSA, they lived with you and received **more than half of their support from you** and will continue to live with you and receive more than half of their support from you through the end of the academic year. Complete certification below and attach supporting documentation.

Name of Dependent	Date of Birth	Relationship	Date he/she began living with you

**I. Submit a signed statement explaining all of the following questions:**

- 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 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?

**II. Do you receive (or will you receive) any of the following for the child or legal dependent? If yes, submit documentation to verify the aid.**

WIC:  No  Yes Amount per month: \_\_\_\_\_ Medicaid:  No  Yes Amount per month: \_\_\_\_\_  
 Food Stamps:  No  Yes Amount per month: \_\_\_\_\_ Other:  No  Yes Amount per month: \_\_\_\_\_  
 Child Support:  No  Yes Amount per month: \_\_\_\_\_

**III. Submit Required Documentation: Failure to submit all documentation will result in a denial of this appeal**

**Child:**

- Copy of child's birth certificate
- For unborn child – Statement from doctor indicating pregnancy and due date
- Documentation of any benefits received (listed in Section II)

**Legal Dependent:**

- Signed letter of explanation for legal dependent
- If your legal dependent has any source of income, provide a list of all sources and amounts of income. Submit a copy of their tax return, social security or any other source of income.
- Documentation of any benefits received (listed in Section II)

**Certification**

**\_\_\_\_\_ I attest I do provide more than half of the support for the children listed. By checking here, I also certify that I will continue to provide more than half of their support through June 30, 2024.**

By signing below, I certify that all information provided on this form and any supporting documentation I have submitted is complete and correct to the best of my knowledge. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, and/or removed from school. Applications that are suspected to contain fraudulent information will not be awarded federal financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_