

Affidavit of Legal Dependent(s)

 Student Name (please print)

 CSUID

On your Free Application for Federal Student Aid (FAFSA) you answered “yes” to the question:

- “Do you now have or will you have children who will receive more than half of their support from you between July 1, 2019 and June 30, 2020 **OR**
- “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, 2020”

Support for your children or dependent(s) includes housing, food, clothing, medical, and 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, Temporary Assistance for Needy Families, and SNAP). *Money you receive from your parent(s) cannot be included as a resource for your dependents’ support.*

Complete **Chart A** if you have **children** who receive more than half of their support from you.

Complete **Chart B** (on reverse side) if you have **dependents** (other than your children or spouse) and if at the time you completed your FAFSA, they:

- a) lived with you and received more than half their support from you **AND**
- b) will continue to receive more than half their support from you through June 30, 2020

Chart A:

- ✓ **List your children who receive more than half of their support from you *and* complete the certification on the back of this form.**

NAME OF CHILD(REN) (If child is unborn, attach a statement from a physician with projected date of birth)	AGE	RELATIONSHIP TO YOU, THE STUDENT (ex. son, daughter, stepson, stepdaughter, etc.)	LIST THE CHILD(REN)’S OTHER PARENT AND NAME OF COLLEGE HE/SHE IS ATTENDING, IF APPLICABLE. If other parent does not attend college, write “none.” Do not leave section blank.
			Name of other parent: _____ <div style="text-align: center;"> First MI Last </div> College Name: _____
			Name of other parent: _____ <div style="text-align: center;"> First MI Last </div> College Name: _____

(over)

Chart B:

- ✓ **List your dependents (*other than your children or spouse*) 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 receive more than half of their support from you through June 30, 2020. Complete certification below.**

NAME OF DEPENDENT (other than your child)	AGE	RELATIONSHIP TO YOU, THE STUDENT	INDICATE THE DATE HE/SHE BEGAN LIVING WITH YOU.
			Began living with you _____ Month/Day/Year
			Began living with you _____ Month/Day/Year
			Began living with you _____ Month/Day/Year

Certification

- I attest I do** provide more than half of the support for the dependent(s) listed in chart A or B. By checking this box, I also certify the dependent(s) in chart A or B lived with me at the time I completed the FAFSA and will continue to live with me between July 1, 2019 and June 30, 2020 and I will provide more than half of their support.
- I answered incorrectly** and none of these conditions applies to me. By checking this box, I understand that I will need to return this form to the Office of Financial Aid **and** correct my FAFSA by adding parental information.

By signing below, I certify all information provided on this form is complete and correct.

Student's Signature (Required)

Date

(Blank or incomplete forms will be returned, resulting in delays.)