Student Financial Services 1065 Campus Delivery Fort Collins, CO 80523-1065 Phone - (970) 491-6321

Fax - (970) 491-5010



## **Clarification of Support for Dependent Students**

The income listed for parent(s)/stepparent on the FAFSA appears to be low for the family size reported. Provide information from your parent(s)/stepparent regarding all untaxed income received in 2015 to pay bills in the family's name. Values should be reported as annual figures and cover the January 2015 – December 2015 time period. Amounts paid on a family's behalf can also include any distributions to the student from a 529 plan owned by someone other than it student or the student's parents, such as grandparents, aunts, and uncles of the student. Fields left blank will result in an incomplete document. Write \$0 or N/A, if none.  Please list all annual expenses for 2015:  Rent/Mortgage: Semily's parents, such as grandparents, aunts, and uncles of the student. Fields left blank will result in an incomplete document. Write \$0 or N/A, if none.  Please list all annual expenses for 2015:  Rent/Mortgage: Semily's parents, such as grandparents, aunts, and uncles of the student. Fields left blank will result in an incomplete document. Write \$0 or N/A, if none.  Please list all annual expenses for 2015:  Rent/Mortgage: Semily's parents, such as grandparents, aunts, and uncles of the student. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incomplete document. Fields left blank will result in an incompl	Student Name (Please print)		CSUID
\$ S	information from your parent(s)/step name. Values should be reported as ar on a family's behalf can also include a student or the student's parents, suc an incomplete document. Write \$0 or	oparent regarding all untaxed income in nnual figures and cover the January 201 any distributions to the student from th as grandparents, aunts, and uncles or N/A, if none.	received in 2015 to pay bills in the family's 15 – December 2015 time period. Amounts paid a 529 plan <u>owned by someone other than the</u>
Food:  S	Rent/Mortgage:	Car Payment:	
S	\$	\$	
S	Food:	Personal/Miscellaneo	ous:
\$ TOTAL FAMILY EXPENSES FOR 2015: \$ Name of person(s) providing funding to family for 2015 expenses:  Additional comments  Student Signature			
\$ TOTAL FAMILY EXPENSES FOR 2015: \$ Name of person(s) providing funding to family for 2015 expenses:  Additional comments  Student Signature	Utilities:	Other (i.e. credit card	health insurance 529 plan etc.):
TOTAL FAMILY EXPENSES FOR 2015: \$			, near mourance, 525 plan, etc.).
raion oignaturo Date	Student Signature		Date