Affidavit of Legal Dependent(s)

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, 2022 and June 30, 2023 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, 2023”

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, 2023

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.

<table>
<thead>
<tr>
<th>NAME OF CHILD(REN) (If child is unborn, attach a statement from a physician with projected date of birth)</th>
<th>AGE</th>
<th>RELATIONSHIP TO YOU, THE STUDENT (ex. son, daughter, stepson, stepdaughter, etc.)</th>
<th>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 &quot;none.&quot; Do not leave section blank.</th>
</tr>
</thead>
</table>
| | | | Name of other parent: ____________________________
First: ___________________ MI: ________ Last: ____________________________

College Name: ____________________________________________________________ |

| | | | Name of other parent: ____________________________
First: ___________________ MI: ________ Last: ____________________________

College Name: ____________________________________________________________ |
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, 2023. Complete certification below.

<table>
<thead>
<tr>
<th>NAME OF DEPENDENT (other than your child)</th>
<th>AGE</th>
<th>RELATIONSHIP TO YOU, THE STUDENT</th>
<th>INDICATE THE DATE HE/SHE BEGAN LIVING WITH YOU.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Began living with you ________________________ Month/Day/Year</td>
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<td>Began living with you ________________________ Month/Day/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Began living with you ________________________ Month/Day/Year</td>
</tr>
</tbody>
</table>

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, 2022 and June 30, 2023 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.

Form must be signed in one of the following ways:
- Electronically signed with a stylus, mouse, or finger (NO typed signatures)
- Print form and sign with pen

_____________________________  ________________________
Student’s Signature (Required)  Date

2022-2023  LGLDOD
09/29/2021