

## 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, 2021 and June 30, 2022 **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, 2022”

**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, 2022

**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="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </div> College Name: _____
			Name of other parent: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </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, 2022. Complete certification below.**

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

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**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, 2021 and June 30, 2022 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.

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**Student's Signature (Required)**

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**Date**

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