

Affidavit of Legal Dependent(s)

Student Name (please print)

Bear number

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

- ✓ Do you have children who receive more than half of their support from you? **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 [date FAFSA completed] and through end of the academic year?

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 Benefits you receive from your parent(s) cannot be included as a resource for your dependents’ support.

Please provide proof of support and/or resources provided.

Complete **Chart A** if you have children who receive more than half of their support from you and if, at the time you completed your FAFSA, they:

- a) lived with you and received more than half of their support from you **AND**
- b) will continue to receive more than half of their support from you through the end of the academic year.

Chart A

Name of child (If child is unborn, attach a physician statement with projected due date.)	Age	Relationship to you, the student (son, daughter, stepson, stepdaughter, etc.)	List the child’s other parent and where the parent is attending college, if applicable.
			Name of other parent: First M. Last Attending college at:
			Name of other parent: First M. Last Attending college at:

For Chart B list your dependents (other than your children) if, at the time you completed your FAFSA, they:

- a) lived with you and received more than half of their support from you **AND**
- b) will continue to receive more than half of their support from you through the end of the academic year.

Chart B

Complete the 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

☐ **I attest that** I will provide more than half of the support for my children between July 1, 2015 and June 30, 2016. All information provided on this form is complete and correct **and I have provided documentation to support my claim (e.g. rent leases or tax transcripts with child listed or court ordered child support).**

☐ **I attest that the dependent(s)** lived with me at the time I completed the FAFSA, will continue to live with me through the end of the academic year, and that I will provide more than half of the support for the dependent(s) during this time. All information provided on this form is complete and correct **and I have provided documentation to support my claim (e.g. rent leases or tax transcripts with dependent listed or other proof of financial support).**

☐ **I answered incorrectly and none of these conditions apply 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 changing this answer to “no” and adding parent information as well as a parent signature.**

XStudent Signature _____

Date _____

Student Daytime Phone Number _____

Please return form to:

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