UNIVERSITY OF NORTHERN COLORADO
Affidavit of Legal Dependent(s) 2019-2020

_____   _____

Student Name (Please Print)   Bear Number

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

- Do you now 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 (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) <u>cannot</u> be included as a resource for your dependents' support.

Complete Chart A if you have children who will receive more than half of their support from you between July 1 and June 30 of the current award year. List your dependents and complete the certification at the bottom of this form.

NAME OF CHILD(REN) (If child is unborn, attach a statement from a physician with a projected date of birth)	AGE	RELATIONSHIP TO YOU THE STUDENT (son, daughter, stepson, stepdaughter, etc.)	LIST THE CHILD(REN)'S OTHER PARENT AND NAME OF COLLEGE IF APPLCIABLE	
			Name:	College:
			Name:	College:

Complete Chart B 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 then end of the award year. List your dependents and complete the certification at the bottom of this form.

NAME OF DEPENDENT (other than your child)	AGE	RELATIONSHIP TO YOU THE STUDENT	INDICATE THE DATE HE/SHE BEGAN LIVING WITH YOU
			Month/year:
			Month/year:
			Month/year:

Certification (check appropriate box)

☐ 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 and June 30 of the current award year 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 Student Financial Services and correct my FAFSA by adding parental information.

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

_____   _____

Student Signature   Date