

Affidavit of Legal Dependent(s) 2020-2021

Bear Number

Student Name (Please Print)

		,	, •	red "yes" to the question:
 Do you now or will you have child 	ren who wi	III receive more than half of the	neir support from you	between July 1, 2020 and June 30, 2021?
		OR		
 Do you have dependents (other the now and through June 30, 2021? 	nan your ch	nildren or spouse) who live w	ith you and who recei	ve more than half of their support from you,
Resources that enable you to provide the work), (2) Assistance you receive from of from your parent(s) cannot be included a	support ca her agenci s a resourc	an include: (1) Earnings you es (such as Medicaid, Temp be for your dependents' supp	receive from work or i orary Assistance for N ort.	care, money, gifts, etc. that you provide. n-kind support (housing/food in exchange for leedy Families, and SNAP). Money you rece
Complete Chart A if you have children vyour dependents and complete the certifi			upport from you betwe	een July 1 and June 30 of the award year. L
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:
NAME OF DEPENDENT (other than your child)	AGE	certification at the bottom of RELATIONSHIP TO YOU THE STUDENT	INDICATE THE DATE HE/SHE BEGAN LIVING WITH YOU	
			Month/year:	
			Month/year:	
			Month/year:	
	completed rt. ese conditi y FAFSA t	the FAFSA and will continue ons applies to me. By check by adding parental information	e to live with me between the between two the between	ecking this box, I also certify the dependent(seen July 1 and June 30 of the award year and and that I will need to return this form to
Student Signature			 Da	ate