

2014–2015 Income and Dependent Worksheet

You indicated on your 2014-15 Free Application for Federal Student Aid (FAFSA) that you have children or other dependents who will receive more than half (50%) of their support from you during the 2014-15 academic year. Please complete each section below to verify this information.

A. Student's Information

Last Name

First Name

M.I.

Student ID

B. Dependent Information

List YOUR dependents:

- Your children, ONLY if you will provide more than half of their support from July 1, 2014, through June 30, 2015,
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

Name	Age	Relationship to you	Where do they live?
			<input type="checkbox"/> With You (the Student) <input type="checkbox"/> With Your Parents <input type="checkbox"/> Other _____
			<input type="checkbox"/> With You (the Student) <input type="checkbox"/> With Your Parents <input type="checkbox"/> Other _____
			<input type="checkbox"/> With You (the Student) <input type="checkbox"/> With Your Parents <input type="checkbox"/> Other _____
			<input type="checkbox"/> With You (the Student) <input type="checkbox"/> With Your Parents <input type="checkbox"/> Other _____
			<input type="checkbox"/> With You (the Student) <input type="checkbox"/> With Your Parents <input type="checkbox"/> Other _____

C. Please list all sources of income used to support the dependent's you listed above.

Source of Income	Amount expected from July 1, 2014 to June 30, 2015

D. Certification and Signature

I understand that if the conditions above do not apply to me that I may need to correct my FAFSA by adding parental information. By signing below, I certify that all information provided on this form is complete and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined, sentenced to prison or both.

Student's Signature

Date