

Please answer all of the following questions; **do not leave any item blank or incomplete:**

1. Where do(es) the above-named dependent(s) live? If unborn child, where will that child live?

_____ With you _____ With your parents _____ Other (please explain): _____

2. If child is unborn, who will pay the medical bills associated with delivery? _____

3. What provisions have you made for child care while you are in class/at work? (Please provide **documentation of child care**, if applicable: proof of child-care/day-care enrollment, child-care invoice from provider, written, signed statement from child-care provider, paid receipts, etc.) _____

4. Where do **YOU** live during the school year?

_____ With parents _____ Own/rent apartment, house or dormitory _____ Other (please explain): _____

5. Are any of the dependent(s) listed 18 or older, employed, or have another source of income?

_____ Yes _____ No

If yes, give name(s) and age(s) of dependent(s) and average weekly income for each: _____

6. Were you employed in 2018? _____ Yes _____ No

7. Are you *currently* employed? _____ Yes _____ No

8. Were you claimed as a dependent by your parent(s) on last year's tax return? _____ Yes _____ No

9. Will your parent(s) claim you as a dependent on their next tax return? _____ Yes _____ No

10. Did anyone other than you claim the dependent(s) listed above on last year's tax return? _____ Yes _____ No

If yes, please explain: _____

11. Will someone other than you claim the dependent(s) on their next tax return? _____ Yes _____ No

If yes, please explain: _____

12. If this is your child, where does the other parent live? _____

13. Is the other parent a student? _____ Yes _____ No If yes, please provide name of the other parent and their college:

Other parent name

Other parent college

14. What support is provided by the other parent and/or grandparents? _____

15. Do/did you or anyone else receive any type of assistance for the dependent(s), such as TANF, SNAP, Medicaid, Social Security, SSI, WIC, foster care payments, child support, etc., within the last 12 months? ____ Yes ____ No

If yes, please explain (**you must submit proof of current assistance** in your name or that prior assistance has terminated):

16. Estimate the amount you spend each month on the dependent(s) listed above. **Do not** include the dependent(s) income from work, or any funds received through federal, state, or local programs:

Please complete the table below indicating all your and your dependent(s) MONTHLY household and personal expenses:

TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Rent (<i>if renting</i>) or Mortgage (<i>if own home</i>)	\$	Home Phone	\$
Food (<i>including formula, baby food</i>)	\$	Cell Phone	\$
Natural Gas	\$	Car payment	\$
Electric	\$	Clothing (<i>including diapers, baby clothes</i>)	\$
Water/Sewer	\$	Child care/Day care	\$
Garbage	\$	Medical/Dental	\$
Cable/Internet	\$	Other (specify: _____)	\$

Please complete the table below indicating the SOURCE(S) and MONTHLY amount(s) of financial assistance:

SOURCE(S) OF FINANCIAL ASSISTANCE (Indicate sources of financial assistance that assist you in meeting your monthly expenses.)	MONTHLY AMOUNT
Income from work and/or unemployment benefits (please provide proof of <i>current</i> income e.g., W2/1099 forms, unemployment benefits statement, check stub or payroll statements, etc.)	\$
Child support received (from the other parent of your dependents)	\$
Financial assistance from family (please specify: ____parent ____other family members)	\$
Financial assistance from other agencies (e.g., church, local/charitable organization, etc.)	\$
Other (please specify: _____)	\$

By signing below, I certify that the information provided is true and correct. I agree to provide additional information or documentation if requested.

Student Signature _____ **Date** _____

Requests are processed as quickly as possible, but may take several weeks during peak periods (June through October).