

2024-25 Dependent Support Statement

On your FAFSA you reported dependents other than your children or spouse. These dependents can be included in your household if they live with you and you provide more than half (51% or more) of their support and will continue to provide more than half (51% or more) of their support from July 1, 2024 through June 30, 2025.

You are required to include any sources of income these dependents receive in order to have them included on your FAFSA for financial aid purposes. We may ask for additional information to support your statements below.

Student Information

Student's Legal Name						
Student ID Number			_Phone			
I certify that I provide more than h	alf (51% or more	support for t	the de	ependent(s) liste	d below:	
If more space is needed, please add a	second page that	includes your s	tuden	t ID and appropria	te signatures.	
FULL NAME	DATES YOU PROVIDE SUPPORT			DOES THIS DEPENDENT HAVE ANY SOURCE OF INCOME? Please check a response.		
Example. Michelle Smith	07/1/24	to 06/30/	/25	YES	or	NO
1.		to		YES	or	NO
2.		to		YES	or	NO
3.		to		YES	or	NO
4.		to		YES	or	NO
5.		to		YES	or	NO
If your dependents receive some type of include: W2's, Wage and Income Statem The Financial Aid Office may require add household members is inaccurate.	ents, unemployme	nt history, Social	Secur	rity Benefits statem	ent, or Tax Tran	scripts/Returns.
Certifications and Signatures Federal Warning: Any person who knowingly or imprisonment or both under provisions of the reported on the 2024-2025 Free Application f accurate.	e U.S. Code. I declare	under penalty of pe	erjury th	nat all information repo	orted on this form a	and all the information
I certify that I have read and understand	all items on this for	m and all informa	ation p	rovided for my final	ncial aid is true a	and correct.
Student's Signature				Date		