



Financial Aid Office

## 2025-26 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, 2025 through June 30, 2026.

**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 half (51% or more) support for the dependent(s) listed below:**

If more space is needed, please add a second page that includes your student ID and appropriate signatures.

FULL NAME	DATES YOU PROVIDE SUPPORT	DOES THIS DEPENDENT HAVE ANY SOURCE OF INCOME? <i>Please indicate Yes or No</i>
<i>Example. Michelle Smith</i>	<i>07/1/25 to 06/30/26</i>	
1.	to	
2.	to	
3.	to	
4.	to	
5.	to	

If your dependents receive some type of income proof is required for the amounts earned from 2023 to current. Some examples include: W2's, Wage and Income Statements, unemployment history, Social Security Benefits statement, or Tax Transcripts/Returns. The Financial Aid Office may require additional documentation if the office has reason to believe the information regarding the household members is inaccurate.

### Certifications and Signatures

**Federal Warning:** Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$20,000 or imprisonment or both under provisions of the U.S. Code. I declare under penalty of perjury that all information reported on this form and all the information reported on the 2025-2026 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete, and accurate.

*I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_