Dependency Questionnaire
2015 -2016

Student Name

Student PID (Pxxxxxxxx)

Student Signature

Date

On your 2015-2016 Free Application for Federal Student Aid (FAFSA), you indicated you have a legal
dependent(s) (other than a spouse) who receives more than half of his or her support from you and who will
continue to receive this support through June 30, 2016. Because of this, your application was processed as an
“independent” student.

Additional information is needed to document your dependency status. Please answer the following questions
regarding your living situation and financial support. Documentation may be requested of the information you
provide.

Who financially supports you (the student)? ________________________________

Who supports your legal dependent(s)? ________________________________

Where do you live, with whom, and for how long? ________________________________

If someone else assists you in supporting your dependent(s) or someone else is living in your household, please
state what percentage of support you and the other party (if applicable) provide to your dependent(s).
Percentages must total 100% and must not be 50/50.

You: ________ Other Party (i.e. parent/significant other): ________

2014 Income:

Please list your and/or significant other’s sources of income for 2014, number of months it was received, and
amount received monthly. Include earnings from work, assistance from Human Services agencies (such as TANF,
food stamps, HUD, HEAP, etc.), and other non-taxed income or benefits (such as SSI, Social Security, child
support, etc.). Also indicate amounts paid on your behalf by someone else.

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<th>Source of Income for 2014</th>
<th>Number of Months</th>
<th>Monthly Amount</th>
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You must also complete the Family/College Form and return it to our office. If someone else is
supporting you and/or your legal dependent(s), parental information will be requested and used to
determine your financial aid eligibility.

Dep Ques 15/16