Dependency Questionnaire
2016 -2017

Student Name ______________________ Student PID (Pxxxxxxxxxx)

Student Signature ______________________ Date __________

On your 2016-2017 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, 2017. 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.

Do you have children or dependents? ___ Yes ___No*
*If you answered ‘No’, you must provide parental information on the FAFSA.

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): ______

2015 Income:

Please list your and/or significant other’s sources of income for 2015, 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 2015</th>
<th>Number of Months</th>
<th>Monthly Amount</th>
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You must also complete and return it to our office the Family/College Form located at
www.ohio.edu/financial under Forms. 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.

Office of Student Financial Aid and Scholarships __________________________
020 Chubb Hall ____________________________________________________________
1 Ohio University __________________________________________________________
Athens, OH 45701-2979 _____________________________________________________

financial.aidverification@ohio.edu
www.ohio.edu/financialaid
(740)593-4141
(740)593-4140