



Complete the Dependent Child Questionnaire fully. **Do not leave any question blank.** Visit <https://www.ohio.edu/financial-aid/forms> for directions on submitting your forms using our Secure Upload Portal, or by mail or fax.

Student Name

Student PID (Pxxxxxxxxx)

Written Student Signature (Electronic Signature Not Accepted)

Date

On your 2025-2026 Free Application for Federal Student Aid (FAFSA), you indicated you have a child or legal dependent(s) (other than a spouse) who receives more than half of their support from you, and who will continue to receive this support through June 30, 2026. This answer may make you an independent student for financial aid purposes. Please answer the following questions regarding your living situation and financial support. Documentation may be requested depending on your response. **You must also submit a completed Family/College Form located at <https://www.ohio.edu/financial-aid/forms>.**

1. Do you have a child or legal dependent(s)? Yes No **(If the answer is 'No', you may be required to submit a correction to your FAFSA to include your parent(s) as contributors. If the answer is 'Yes' but someone else is supporting you and/or your legal dependent(s), you will be required to submit a correction to your FAFSA and invite your parent(s) to contribute to your FAFSA. They will include your legal dependent in their family size.)**

2. Do you currently live with your parent(s), legal guardian, or other relative? Yes No

3. With whom do you live and for how long? List all members of your household: _____

4. With whom does your legal dependent(s) live and for how long? _____

5. Who provides clothing, food, and medical care for your legal dependent(s)? _____

6. Who pays for housing costs (rent, mortgage, utilities) at your current residence? _____

7. In 2023 or 2024 did you receive any of the following? Check all that apply:
 SSI/Medicaid TANF WIC SNAP HEAP HUD Assistance None

8. List all 2023 and 2024 income received for all household members. Include earnings from work and other income or benefits (Social Security, child support, cash received, etc.). Also indicate amounts paid on your behalf by someone else.

Income Provider (self/parent/significant other/etc.)	Year (2023/2024)	Source of Income (employer, relative, etc.)	Yearly Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

9. Please indicate what percentage of financial support you provide for your legal dependent(s). If you live with other individuals, indicate what percentage of financial support the other party provides to your dependent(s) and the relationship of the other individual. Percentages must total 100%. You: _____% Other: _____% Relationship: (i.e. parent, fiancé, etc.) _____

Office of Student Financial Aid and Scholarships
Chubb Hall 020
1 Ohio University Drive
Athens, OH 45701-2979

**DO NOT SEND COMPLETED DOCUMENTS
BY EMAIL. PLEASE USE OUR SECURE
UPLOAD PORTAL OR SEND BY MAIL OR FAX.**
<https://www.ohio.edu/financial-aid/forms>

Questions?
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