Dependent Child Questionnaire 2026-2027

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 2026-2027 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, 2027. 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 Size 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 2024 or 2025 did you receive any of the following? Check all that apply:
☐ SSI/Medicaid ☐ TANF ☐ WIC ☐ SNAP ☐ HEAP ☐ HUD Assistance ☐ None

8. List all 2024 and 2025 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** (2024 or 2025)	**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
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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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