Dependency Questionnaire
2019-2020

Student Name ___________________________________________ Student PID (Pxxxxxxxxxxxx)

Student Signature ___________________________________________ Date ____________________________

On your 2019-2020 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 his or her support from you and who will
continue to receive this support through June 30, 2020. This answer makes 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 must submit a completed
   FAFSA Parental Information form found at https://www.ohio.edu/financial-aid/forms.

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 2017 or 2018 did you receive any of the following? Check all that apply.
   ___ SSI/Medicaid   ___ TANF   ___ WIC   ___ SNAP   ___ HEAP   ___ HUD Assistance

8. List all 2017 and 2018 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.

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<th>Income Provider (self/parent/significant other/etc)</th>
<th>Year (2017/2018)</th>
<th>Source of Income (employer, relative, etc.)</th>
<th>Yearly Amount</th>
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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, significant other): __________________

If someone else is supporting you and/or your legal dependent(s), you will be required to submit a
completed FAFSA Parental Information form found at https://www.ohio.edu/financial-aid/forms.
Parental information will be added to your FAFSA and used to determine your financial aid eligibility.