

LAST NAME	FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #

**On your 2017-2018 Free Application for Federal Student Aid (FAFSA), you stated that you had dependents who live with you and receive more than half of their support from you, now and through June 30, 2018. Please list those people below.**

Full Name	Age	Relationship to You	Address where the dependent resides

**1. Do you and/or your dependent live with your parents?**    Yes    No

**2. Do your parents provide financial support for you or your dependent?**    Yes    No

**If yes,** please explain what type of support (including housing) and how much they supply.

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**3. Do you receive child support?**    Yes    No

**If yes,** how much did you receive in 2015? \_\_\_\_\_

- I certify that those listed above should be considered as part of my household because I do pay more than half of their support and will continue to pay more than half from July 1, 2017 to June 30, 2018.
- I certify that the information above is true and accurate to the best of my knowledge.
- I am able to supply a copy of my child's birth certificate if it is requested.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date