

LAST NAME	FIRST NAME	MIDDLE INITIAL
SVSU ID# or SS#		TELEPHONE #

On your 2025-2026 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, 2026. Please list those people below.

Full Name	Age	Relationship to You	Address where the dependent resides

- Do you and/or your dependent(s) live with your parents?      Yes    No
- Do you and your dependent(s) live at the same address?      Yes    No
- Do you live with the parent of your dependent(s)?      Yes    No
- Do you pay rent?    Yes    No      If yes, how much do you pay per month? \_\_\_\_\_
- Do you receive Child Support?      Yes    No      If yes, how much did you receive in 2024? \_\_\_\_\_
- Does the other parent of your dependent(s) provide financial support for you or your dependent(s)? Yes    No  
If yes, please explain what type of support (including housing) and how much they supply.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does anyone else, not reported elsewhere on this form, provide financial support that is not part of a legal child support agreement?      Yes    No  
If yes, please explain what type of support (including housing) and how much they supply.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following table and **do not leave any box blank**. Use \$0 or N/A if a box doesn't apply to your circumstance. If you don't pay anything for an expense, please indicate who does pay those expenses.

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or veteran status in the provision of education, employment and other services.

2025/2026 Estimated Income or Received Resources	2025/2026 Estimated Total Amounts per year		2025/2026 Estimated Expenses	2025/2026 Estimated Total Amounts per year
Income from Work	\$		Rent/Mortgage/Housing (Must Answer)	\$
Food Stamps	\$		Utilities	\$
Child Support	\$		Food (Must Answer)	\$
Alimony	\$		Automobile Payment	\$
Social Security/Veteran's Benefits	\$		Clothing	\$
Welfare Benefits (TANF)	\$		Insurance (Health/Auto)	\$
Pension	\$		Medical/Dental	\$
Worker's Compensation	\$		Formula/Diapers	\$
Unemployment	\$		Childcare/School	\$
Other Money not listed above	\$		Miscellaneous	\$
Financial Aid	\$		Educational (Tuition/Books)	\$
Total Estimated Income	\$		Total Estimated Expenses	\$

- *I certify that those individuals listed on this form 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, 2025, to June 30, 2026.*
- *I certify that the information above is true and accurate to the best of my knowledge.*
- *I can supply a copy of my child's birth certificate if it is requested.*

Student Signature

Date