

Student's Name: ___

Office of Financial Aid 2016/2017

Legal Dependents Worksheet

| EODM | 17LDW |
|------|-------|
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| Social Security Number: | | | | Holmes ID Number: H00 | | | |
|---|--|--|--|---|--|--|--|
| On yo | ur Free Application fo | or Federal St | udent Aid (FAFSA) you a | answered "yes" to | one or both of the following questions: | | |
| | "Do you have child through the end of | | | of their support fro | om you, now (date FAFSA completed) and | | |
| "Do you have dependents (other than your children or spouse) that live with you and who receive more than half their support from you, now(date FAFSA completed) and through the end of the academic year?" | | | | | | | |
| Support for your children or dependent(s) includes housing, food, clothing, medical, dental care, childcare, money, gifts, etc that you provide. | | | | | | | |
| (housi for Ne resoui depen | ng/food in exchange f edy Families/TANF, a rce for your depende dents. | or work), (2) and food star nts' suppor |) assistance you receive fi mps/SNAP). Money you t. For financial aid purp | rom other agencies receive from you poses, foster child | eive from work or in-kind support s (such as Medicaid, Temporary Assistance ar parent(s) cannot be included as ren are not considered to be legal | | |
| suppo | our dependent(s) if, at rt from you and will lete certification below | continue to 1 | a completed your FAFSA receive more than half of | , they lived with y their support from | you and received more than half of their a you through the end of the academic year. | | |
| NAM | E OF DEPENDENT | AGE | RELATIONSHIP TO YO | U, THE STUDENT | INDICATE THE DATE HE/SHE BEGAN | | |
| | | | | | Began living with you/ | | |
| | | | | | Began living with you/_/ | | |
| | | | | | Began living with you/_/_ | | |
| Docur 1. 2. | documentation that If you claimed thes Tax Return Transcr www.irs.gov and c | you have to e dependent ript. Tax Ret licking on "C | urn Transcripts must be r Order a Transcript", by ca | to the above depetax return, please a requested directly alling 1-800-908-9 | endent(s). attach a copy of your 2015 IRS | | |
| ~ | | required do | cumentation can result | in a delay in pro- | cessing your imanetar ard. | | |
| Certif | dependent(s) lived | with me at the | he time I completed the F | AFSA and will co | ed. By checking this box, I also certify the ontinue to live with me through the end of the end of the academic year. | | |
| | I answered incorrectly and none of these conditions apply to me. By checking this box, I understand that I will need to return this form to the Financial Aid Office and correct my FAFSA by adding parental information, if student would otherwise be dependent for purposes of the FAFSA. | | | | | | |
| the bes and/or | st of my knowledge. I | understand | if I purposely give false o | r misleading infor | AFSA application is complete and correct to mation, I may be fined, sentenced to prison, information will not be awarded federal | | |
| Student Signature no electronic signature, must be original | | | | | Date | | |