



Financial Aid Office
Independent Student Status (1CHILA)
2019-2020

Name: _____ ID#: _____

On your 2019-20 FAFSA, you responded "YES" to the question, "Do you now have or will you have children who will receive more than half of their support from you between July 1, 2019 and June 30, 2020?" Based on this response, please complete all of the following:

- 1. List the children who will receive support below:

Table with 4 columns: Name of Child, Age, Does the child live with you? (Yes/No). It contains four rows of blank lines for data entry.

- 2. To demonstrate how you are providing more than 50% of the cost of supporting child(ren), you must provide the following documentation:

- Checkboxes for: A copy of your child's birth certificate, A copy of your current housing lease, A copy of Medical Cards for Child(ren), A copy of 2017 income information (with sub-options for signed tax return, IRS transcript, IRS Data Match, and W-2/1099 forms), and A copy of any untaxed income for 2017.

- 3. Do you currently live with your parents? Yes [] No []
4. Are you or your child(ren) currently covered by your parents' health insurance? Yes [] No []
5. Were you or your child(ren) claimed on your parents' 2017 tax returns? Yes [] No []

6. Do your parents provide any financial support to your children? Yes No

If yes, please explain:

7. To demonstrate how you are providing more than 50% of the cost of supporting child(ren), you must provide the following information. Please list the average amount provided per month from each source (student, parent, or others):

Monthly Expenses	Amount Provided by STUDENT	Amount Provided by STUDENT'S PARENT(S)	Amount Provided by OTHERS <i>Government agencies, grandparents, etc.</i>
Housing	\$	\$	\$
Electricity/Gas	\$	\$	\$
Water/Garbage	\$	\$	\$
Food	\$	\$	\$
Daycare	\$	\$	\$
Personal/Other	\$	\$	\$

Student Signature _____ Date _____