

Student Name (Please Print)

Bear Number

On your Free Application for Federal Studie Sky (you answered "yes" to the question:

x Do younow or will your ave children who will receive than half of their support from type and June 30, 2022

OR

x Do you have dependents (other than your children or splives.e) they now and who receive more than half of their symptopric from now and through June 303/202

Support for your children or dependent(s) includes housing, food, clotthingalmoediabili(care, money, gifts, etc. that you provide. Resources that enable you to provide the support can include: (1) Earnings you receivising bookt (himusing/food in exchange for work), (2) Assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families, and SNAP). I from your parent(s) cabecincluded as a resource for your dependents' support.

<u>CompleteChartA</u> if you have children will beceive more than half of their support ftoe tweet July 1 and June f 30e avard yearList your dependents and complete the certification at the bottom of

	Name:	College:
	Name:	College:

NAME OF DEPENDENT (other than your child)	AGE	RELATIONSHIP TO YOU THE STUDEN	
			Month/year
			Month/year
			Month/year

Certification (check appropriate box)

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