

STUDENT WITH DEPENDENT(S)

This form is used when additional documentation is required to support responses provided on the Free Application for Federal Student Aid (FAFSA).

Complete this form, add the required signature in black or blue ink, and return to the One Stop. Indicate your name and student ID number on all required documentation. Processing of your financial aid is on hold until this information is received.

One Stop Student Services
105 Behmler Hall
600 East 4th Street
Morris MN 56267-2132

320-589-6046
Fax: 320-589-1673
ummonestop@morris.umn.edu

Student Information

Legal Name (last, first, middle initial)	Student ID Number
Preferred Name	Preferred Telephone Number

Dependent(s) Information

Do you now have or will you have children who will receive more than half of their support* from you between July 1, 2017 and June 30, 2018?

- Yes, I will provide more than half of the support for my child(ren) or will be for my unborn child(ren). List child(ren)/unborn child(ren) below. If you are including unborn child(ren), submit documentation from a medical professional indicating your name and the expected due date.
- No, I will not provide more than half of the support for my child(ren) or unborn child(ren). I understand a correction will be made to my FAFSA.

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support* from you, now and through June 30, 2018?

- Yes, I will provide more than half of the support for dependents other than my child(ren). List dependents below.
- No, I will not provide more than half of the support for any dependents other than my child(ren). I understand a correction will be made to my FAFSA.

* Support provided by you includes; child care assistance, MFIP Benefits (Minnesota Family Investment Program), SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), Supplemental Security Income, child support, welfare, rent, insurance, utilities, etc.

Independent student household includes:

- Yourself.
- Your and your spouse's children if you will provide more than half of their support from July 1, 2017, through June 30, 2018.
- Other people if they live with you and you will provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018. If more space is needed, provide a separate page with your name and student ID number at the top.

First and Last Name	Age	Relationship	College
		<i>Self</i>	<i>University of Minnesota, Morris</i>

Certification

By signing this form, I certify that all the information reported is complete and correct.

Student Signature	Date
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For Office Use Only

Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
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