Student: _________________________________________ ID# ________________________

2015-2016
UNDER AGE 24 Additional Information Request Form
Students Under the age of 24 who indicated on the FAFSA that they provide more than
50% of support to a Dependent Child and/or Other Dependent (not including Spouse)

PLEASE READ CAREFULLY!
Complete the requested information on the front and back
ONLY IF THE STATEMENT BELOW APPLY TO YOU.

Based on the information you reported on your 2015-2016 Free Application for Federal Student Aid (FAFSA),
you indicated that you are “Independent” because you have a Dependent of your own or another individual
whom you provide more than 50% of support.

You must provide the Office of Student Financial Aid with the following information:

1. Are you living at home with your parent(s)? Complete the rest of this form (Front and Back) and have your
   parent to complete the “Parent Certification Section”. Please place a check (✓) next to your answer.
   YES ____      NO   ____

2. What other income resources do you have that you did not report on the FAFSA?
   Please place a checkmark by all sources of income that apply: W-2(s) ____   AFDC ____   ADC ____ Social
   Security Benefits ____ Please attach copies of all W-2(s) for year 2014, current AFDC or ADC Award
   Letter(s), and/or 1099 Statement of Benefits received from Social Security for the 2014 calendar year.

3. Will you and/or your Dependent be claimed on your Parent’s 2014 Federal Income Tax
   Return?      Yes___  No ___

4. Are you receiving “In-Kind Support” other than money, such as free food and/or housing from:
   a. Your dependent’s father or mother? Yes ___ or No ___.  b. Another Family Member? Yes ___ or No ___
   If yes, please attach a statement, signed and dated by the individual, describing the type of support
   you are receiving from him/her.

5. Are you receiving “Cash Support”, which is defined as money, gifts, loans, or any other
   expense(s) paid on your behalf for items such as housing, food, clothing, car payments or expenses,
   medical and dental care, and/or college costs? Yes ___ or No ___.
   If yes, from whom? ____________________________(Person’s Name)  ____________________________
   (Please include name & relationship to student)

6. Please provide a copy of the Birth Certificate for each dependent child.

7. Please provide a written statement explaining your case.
All amounts should reflect the
Present through June 30, 2015.

<table>
<thead>
<tr>
<th></th>
<th>YOU, THE STUDENT</th>
<th>STUDENT’S PARENT(S)</th>
<th>STUDENT’S CHILD(REN)</th>
<th>OTHER DEPENDENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHLY INCOME</td>
<td>$ _______________</td>
<td>$ _______________</td>
<td>$ _______________</td>
<td>$ _______________</td>
</tr>
</tbody>
</table>

EXPENSES

- Please list below the monthly expenses paid by you, the student…
- Please list below the monthly expenses paid by your parent(s)…
- Please list below the monthly expenses paid by your child(ren)…
- Please list below the monthly expenses paid by other dependent(s)…

- RENT/MORTGAGE PAYMENTS: $ ______________/monthly
- UTILITIES: $ ______________/monthly
- FOOD: $ ______________/monthly
- AUTOMOBILE: $ ______________/monthly
- AUTOMOBILE INSURANCE: $ ______________/monthly
- MEDICAL/DENTAL: $ ______________/monthly
- MEDICAL INSURANCE: $ ______________/monthly
- CHILD CARE: $ ______________/monthly
- MISCELLANEOUS / OTHER: $ ______________/monthly

TOTAL MONTHLY EXPENSES: $ ______________/monthly

**By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.**

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student’s Signature: _________________________________________________________              Date: _______________________________

PARENT (DEPENDENT)/STUDENT (INDEPENDENT) CERTIFICATION

I certify that I reside at: Address _______________________________________________________________________________________________

City _______________________________________  State____________________    ZIP _______________

Please place a check(✓) next to your answer.
I attest that □ I am providing  □ I am not providing and will not provide support to ________________________________ for the 2015-2016 academic year.

Print Student’s Name: ________________________________

Print Student’s Parent’s Name: ________________________________ Parent’s Signature: ________________________________

Date: ________________________________