2016-2017
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 APPLIES TO YOU.

Based on the information you reported on your 2016-2017 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
   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 2015, current AFDC or ADC Award
   Letter(s), and/or 1099 Statement of Benefits received from Social Security for the 2015 calendar year.

3. Will you and/or your Dependent be claimed on your Parent’s 2015 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.
**YOU, THE STUDENT**

**STUDENT'S PARENT(S)**

**STUDENT'S CHILD(REN)**

**OTHER DEPENDENT(S)**

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Income</th>
<th>Monthly Income</th>
<th>Monthly Income</th>
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<tbody>
<tr>
<td>$_____________</td>
<td>$_____________</td>
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</tbody>
</table>

**EXPENSES**

- **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

**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 am providing  □ I am not providing and will not provide support to _______________________________ for the 2016-2017 academic year.

**Print Student’s Name:** __________________________________________

**Parent’s Signature:** __________________________________________  **Date:** ______________________________

Print Student’s Parent’s Name: __________________________________________