



2026-2027 Legal Dependent Statement

Name: _____ Date: _____

Student ID: _____

Federal regulations define a legal dependent as someone from whom another is providing **more than half of their financial support**. Please indicate below the amount of support **you are providing monthly** for the dependent(s) indicated on your 2025-2026 FAFSA. **Do not include children who do not live with you, even if you are paying child support, and do not include the child support.**

Type of assistance (WIC, SNAP, housing assistance, etc.)	Monthly amount received	Date benefits began:

Name of Dependent (s)	Date of Birth	Relationship	Who does the dependent live with?	Who claims the dependent (s) on his/her tax?

Will you receive monetary assistance from other sources (child's other parent, your parent, friends, etc.)

Yes ___ No ___ If yes be sure to include the amounts when completing information below

Do you receive TANF?

Yes ___ No ___ If yes, What date the benefits began?

Do you receive any public assistance other than TANF?

Yes ___ No ___ If yes, please fill out the chart below.

Are you currently employed

Yes ___ No ___ If yes, please fill out the chart below

Monthly amount of support you will continue to provide for the dependent(s). If your 2025 income is not enough to provide the support you are reporting to provide, please submit documentation on how you provide that support	Monthly amount of support others has and will continue to provide for the dependent (s)	Name and relationship of the person (s) providing support

Include copy of Birth Certificate of Dependent's your included in your 2026-2027 FAFSA.

Student Signature

Date