

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 taxes?

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 did the benefits begin?

Do you receive any public assistance other than TANF?
 Yes ___ No ___ If yes, please fill out the chart below.

Monthly amount of support you will or 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 have or will continue to provide for the dependent(s)	Name and relationship of the person(s) providing support

Include copy of birth certificate of dependents your included in your 2026-2027 FAFSA.

 Student Signature _____
 Date

Please submit all documents to: SFSC Financial Aid Office
 600 West College Drive, Building B, Avon Park, FL 33825
 OR email: financialaid@southflorida.edu