



Documentation of Support

2019-2020

Student's Name _____ Student's ID# _____

Parent's Name _____ (If the Parent supports those listed in questions 1 or 2)

Please answer the following:

1. Do you have children who live with you and will receive more than half of their support from you between July 1, 2019 and June 30, 2020?

a. List name and birthdate:

_____	,	_____
(First Name, Middle Initial, Last Name)		(Date of Birth)
_____	,	_____
(First Name, Middle Initial, Last Name)		(Date of Birth)
_____	,	_____
(First Name, Middle Initial, Last Name)		(Date of Birth)
_____	,	_____
(First Name, Middle Initial, Last Name)		(Date of Birth)
_____	,	_____
(First Name, Middle Initial, Last Name)		(Date of Birth)

2. Do you have dependents (other than you children or spouse) who live with you and received more than half of their support from you now through June 30, 2020?

a. List name, relationship and birthdate:

_____	,	_____	,	_____
(First Name, Middle Initial, Last Name)		(Relationship)		(Date of Birth)
_____	,	_____	,	_____
(First Name, Middle Initial, Last Name)		(Relationship)		(Date of Birth)

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

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Signature

Date

Parent's Signature (If the Parent supports those listed in questions 1 or 2)

Date