

2019-2020 Dependent Support Statement

You indicated on your 2019-2020 Free Application for Federal Student Aid (FAFSA) that you will provide more than half the support for one or more dependents during the 2019-2020 financial aid year (July 1, 2019 – June 30, 2020). Your personal and dependent care expenses and income must be reviewed in order to complete the determination of your financial aid eligibility. Please complete this form and return it to the Student Financial Services Office.

If more space is needed, attach a separate page with the student's name and SAIC ID number at the top.

A. Student Information

Student Name SAIC ID Number

Phone Number Email

B. Dependent Information

Dependent Name	Age	Relationship to Student	Does the Dependent live with the student?

C. Student Living Expenses

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Per Month	Per Year (Per Month x 12)
Rent/Mortgage		
Utilities (Gas, electric, water)		
Food (Do not include Food Stamps)		
Transportation		
Other (Specify)		
Total Student Living Expenses		

(Continued on next page)

Student Name	SAIC ID Number

D. Dependent Care Expenses

Expense Type	Dependent Associated With Expense Type	Per Month	Per Year (Per Month x 12)
Total Dependent Care Expenses			

E. Annual Income and Resources

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Income/Resource Amount Received in 2016
Income earned from work (Provide W-2 form or proof of earnings)	
Child Support Received for all Children	
Alimony or Separate Maintenance	
Welfare and General Assistance Benefits	
Supplemental Security Income (SSI)	
Social Security Benefits	
Veterans Benefits – Specify Type:	
Unemployment Compensation	
Disability Benefits other than Social Security	
Pensions or Retirements Benefits	
Workers' Compensation	
Housing, Food or Other Living Allowances for Military, Clergy, etc.	
Financial Aid <u>refund</u> Received in 2016	
Estimated cash received or monies paid on your behalf in 2016 <u>not reported on the FAFSA</u> , which helped support your living expenses. Please check if funds were a: <input type="checkbox"/> Loan <input type="checkbox"/> Gift <input type="checkbox"/> Cash Support	
Other Income – Specify:	
Total Income and Resources	

F. Certification and Signatures

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge.

Note: Electronic/Typed signatures are not acceptable.

Student Signature	Date
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