
Student Name ___________________________________________    Student ID __________________________

Instructions
You are receiving this form because you need to clarify information you (or your parent, if you are a dependent student) reported to our office. Complete sections 1 and 2 then return this form to the Financial Aid Office at your earliest convenience so that the processing of your financial aid is not delayed. If you are a dependent student, you and your parent must both sign this form.

Child Support & Household Size Clarification
You (&/or your spouse, if married, or your parent, if you are dependent) included child(ren) in your household for whom it was also indicated that child support was paid. According to the FAFSA guidelines, you cannot include child support paid for a child listed in your household.

1. Check the box that applies to your situation:

- [ ] *The child(ren) listed in my household ARE supported by me/my spouse/my parent more than 50% financially and, if asked to furnish, I will provide documentation that sufficiently demonstrates this support. The child(ren) should remain in my household size and the child support payments indicated for those child(ren) should be removed from my FAFSA application.

- [ ] The child(ren) listed in my household ARE NOT supported by me/my spouse/my parent more than 50% financially. The child(ren) should be removed from my household size and the child support payments indicated for those child(ren) should remain on my FAFSA application.

* If asked to furnish documentation and I cannot provided it or if the documentation I submit does not sufficiently demonstrate my financial support, the Financial Aid Office reserves the right to remove the child(ren) from my household and retain the child support payments indicated.

2. Sign below. I/We certify that the above information is true and correct to the best of my/our knowledge:

__________________________________________    __________________________
Student Signature                          Date

[If Dependent,]__________________________________________    __________________________
Parent Signature                          Date

__________________________________________
Student Daytime Phone Number

[If Dependent,]__________________________________________
Parent Daytime Phone Number

3. Return this form in person, by mail, fax, or email to Enrollment Services, Office of Financial Aid.