



On your Free Application for Federal Student Aid (FAFSA) you indicated you either have or will have children or legal dependents who live with you and receive more than half their support from you. If you responded yes to either question in error, please notify our office and correct your FAFSA at [fafsa.gov](https://fafsa.gov). If you have legal dependents, please complete the form below.

**A. STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Longwood ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B. STUDENT'S FAMILY INFORMATION**

You indicated on your FAFSA that you are responsible for one or more children, or have one or more dependents who live with you and are financially supported by you. In order for a student under the age of 24 with a dependent to be considered independent for FAFSA purposes, the student must be able to support themselves and provide more than 50% of their dependent's support through work and/or state assistance. You must submit the following documentation to show that you have sufficient income to support yourself and your dependent(s) and will continue to do so from July 1, 2021 through June 30<sup>th</sup>, 2122.

List all children and/or other qualifying dependents here:

Dependent Name	Age	Relationship to Student

**C. EXPENSES**

For the dependent(s) listed above, record the **monthly** amount contributed to the following categories:

Expenses	Amount You Pay Out of Pocket	Amount Paid by Someone Else (Include Source)
Mortgage / Rent Payment	\$	\$
Transportation Costs (Gas, Car Loan, Insurance, etc.)	\$	\$
Utilities (Electric, Gas, Water, etc.)	\$	\$
Phone / Cable / Internet	\$	\$
Child Care	\$	\$
Education	\$	\$
Medical / Dental	\$	\$
Groceries	\$	\$
Other	\$	\$

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Name: \_\_\_\_\_

Longwood ID Number: \_\_\_\_\_

**D. ADDITIONAL INCOME**

If you receive any of the following, please report the amount you receive monthly:

<b>Fund Type</b>	<b>Amount You Receive Monthly</b>
TANF	\$
WIC	\$
Food Stamps (SNAP)	\$
Free/Reduced Lunch for Dependents	\$
Subsidized housing	\$

If you receive any of the following for anyone in the household, report the amount you receive monthly:

<b>Untaxed Income</b>	<b>Amount You Receive Monthly</b>
Child Support	\$
Workman's Compensation	\$
Social Security	\$
Cash	\$
Other (Please Specify)	\$

**E. CERTIFICATION AND SIGNATURES**

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

By signing and dating this form you certify that all statements and information are complete and correct. A representative from our office will contact you if further information is required.

\_\_\_\_\_  
Student Signature (*No Electronic Signature*)

\_\_\_\_\_  
Date