

You have indicated on the 2023-2024 FAFSA that you have children and/or legal dependents who will receive more than half of their support from you, now and through June 30, 2024. Complete, sign, and return this form with documentation. Incomplete forms may not be processed. Note: If we have reason to believe that the information reported on this form is not accurate, we will require additional documentation.

Last name			First name	M.I.	USI Student ID number (SSN if ID number is unknown)
Address (include apt. no.)					Date of birth
City	State	Zip code	Phone number (include area code)		

1. Do you now have or will you have children who will receive more than half of their financial support from you between July 1, 2023 and June 30, 2024?

Yes                  No

If YES, provide the following information:

Name	Date of Birth

