

LEGAL DEPENDENT STATEMENT

Student's Name: _____	UCFID: _____
Address: _____	Date: _____
City: _____	State/Zip: _____
Email Address: _____	Phone: _____

Federal regulations define a legal dependent as someone for whom another is providing **more than half** financial support. Please indicate below the amount of support you are providing monthly for the dependent(s) indicated on your 2016-2017 FAFSA.

1.

Name of Dependent(s)	Date of Birth	Relationship	Who does the dependent(s) live with?	Who will claim the dependent(s) on his/her 2015 taxes?

2. Will you receive monetary assistance from other sources (i.e. child's other parent, your parents, friends, etc..)?
 Yes- No- If yes, be sure to include the amounts when completing #6 below.

3. Do you receive Temporary Assistance for Needy Families (TANF)?
 Yes- No- If yes, the date the benefits began: _____

4. Do you receive any public assistance other than TANF?
 Yes- No- If yes, please fill out the chart below.

5.

Type of assistance (WIC, housing assistance, etc.)	Monthly amount received:	Date benefits began:

6.

	Monthly amount of support you have and will continue to provide for dependent(s). If your 2015 income is not enough to provide the support you are reporting to provide, please submit documentation on how you provide that support.	Monthly amount of support others have and will continue to provide for dependent(s) .	Please list name of person providing support, if not student.
Shelter			
Food			
Clothing			
Medical			
Day Care			
Other			

Student's Signature

Date