

2009-2010
Legal Dependent Form

Student's Name _____ Student's ID _____

Your 2009-2010 financial aid application indicates that you have at least one dependent child. To claim the child/children as a legal dependent for financial aid purposes, you must currently be providing *more than half* of their support and continue to do so through June 30, 2010. Support includes housing, food, money, car, clothes, medical and dental care, day care, insurance, etc. If the child does not live with you, you must be able to document that you pay more than half of the child's support.

Please list the children to whom you provide more than 50% support:

- Name _____ Age _____
- Name _____ Age _____
- Name _____ Age _____
- Name _____ Age _____
- Name _____ Age _____

Are you the biological parent or legal guardian to the child/children named above? Yes No

If your dependent is not yet born, what is the due date? ____/____/____ (document with doctor's statement)

Does anyone else (i.e. other parent of child, grandparent, your significant other) help provide support (i.e. clothing, school supplies, insurance, etc.) for your child/children during the 2009-2010 school year? Yes No

If yes, how much is contributed per year \$_____

What type of help will be provided to you/your child/children (i.e. formula, diapers, child care)? _____

Please also provide the following information of the person providing the support.

Name _____ Phone Number _____

Relationship to child _____

Who will the child live with during the academic year? You Other parent Grandparent

Other (please explain) _____

Do you live with your parents? Yes No If yes, do you pay rent? Yes No

If yes, how much is paid per month \$_____ and for how many months in 2008 _____ and 2009 _____?

Do you live with the child's other parent? Yes No

Will the child's other parent be enrolled in college during 2009-2010? Yes No

If yes, name, address and phone number of the college _____

If the other parent filed taxes, please provide a signed copy of his/her 2008 Federal Income Tax Return.

If the other parent didn't file, please list his/her total wages earned in 2008. \$_____

Attach his/her most recent pay stub(s) for 2009 employment.

Please provide his/her projected income for 2010. \$_____

over please

Attach your most recent pay stub(s) for 2009 employment.

Please provide your projected income for 2010. \$ _____

| <ul style="list-style-type: none"> • List the other income and/or benefits that you will receive from July 1, 2009 through June 30, 2010. • Attach documents showing actual amounts received in 2008. • Enter (0) if the answer is zero. | | | | Amount |
|---|----------|------------------------------|-----------------------------|------------------------------------|
| Social Security (report all benefits received) | | | | \$ |
| Alimony | | | | \$ |
| Child Support | | | | \$ |
| Unemployment Benefits | | | | \$ |
| Worker's Compensation | | | | \$ |
| TANF (welfare benefits/cash benefits) | | | | \$ |
| Disability Benefits (other than SS) | | | | \$ |
| Veteran's Benefits | | | | \$ |
| Housing Allowance | | | | \$ |
| Food Stamps | Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ attach confirming documentation |
| Medical Assistance | Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ attach confirming documentation |
| Women's, Infants and Children (WIC) | Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ attach confirming documentation |
| Cash support or any money paid on your behalf | | | | \$ |
| Other (list source and amount, i.e. scholarships) | | | | \$ |
| Excess financial aid | | | | \$ |
| Fuel Assistance | | | | \$ |
| Childcare Assistance | | | | \$ |

Please explain the living and financial arrangements you share for the child you support. List any other support that you and/or your child received.

It is required that you notify our office to update your dependency status any time during the award year. This would include pregnancy status, adoption, etc.

Please complete, sign and return this form to the Office of Student Financial Services WITHIN 7 DAYS. If you have questions as to how to complete this form, please call Mary at 701-231-8398 for assistance. Thank you for your cooperation and prompt response. Your financial aid will be on hold until all information is received and your application has been verified.

By signing this form, you are certifying that the information reported is true and accurate.

Student's Signature _____ **Date** ____/____/____

Parent's Signature _____ **Date** ____/____/____