



## 2017-2018 Dependency Clarification worksheet

Student's First Name		6-digit NEIU Student ID#	
Student's Last Name		Phone Number	

The FREE Application for Federal Student Aid or FAFSA reflects that either the student or the parents are supporting dependent(s) – other than spouse or biological child - who will receive in excess of 50% financial support between July 1, 2017 and June 30, 2018. This financial support (e.g. tax return exemption, healthcare expenses) must clearly be supported with documentation. **Do not complete this form if (1) the dependent is reflected as a tax exemption on your 2016 tax return OR (2) the dependent is a child under age 24 who filed a 2016 tax return claiming him or her.**

**Name of Dependent One.** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Name of Dependent Two.** \_\_\_\_\_ **Age:** \_\_\_\_\_

1. In the first 2 left hand columns enter the total annual amount for each expense for the dependent in 2016. Then, in the far right hand column enter the total annual amount paid by you or your parent(s) for the benefit of this dependent.

<u>2016 Type of Annual Household Expense</u>	<u>Annual Expense of Dependent One</u>	<u>Annual Expense of Dependent Two</u>	<u>Annual Amount You Contribute to Dependent(s)</u>
Housing and utilities	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Medical/Dental	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Clothing and Personal Care	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Credit Card bills	\$ _____	\$ _____	\$ _____

2. Did the dependent have any sources of income or support from other persons? List the total annual amount received by the dependent or for the benefit of the dependent for each source.

<u>2016 Annual Income of Dependent</u>	<u>Amount Received by Dependent One</u>	<u>Amount Received by Dependent Two</u>
Earnings (attach tax transcript, 1099,w-2s)	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Social Security or disability	\$ _____	\$ _____
Food stamps (SNAP) or WIC	\$ _____	\$ _____
Public Housing Assistance (TANF)	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Support from others (name of person): _____	\$ _____	\$ _____
Other (list source): _____	\$ _____	\$ _____

3. **Attach typewritten explanation** outlining reason(s) why the individual(s) is not claimed on your or your parent(s) tax return as an exemption.

**REQUIRED SIGNATURE:** I certify that all information reported is complete and correct. I understand that changes in my FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility.

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Student's Signature	Date
Parent's Signature	Date