

2017-2018 Dependent Other Than A Spouse Form



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI (University Identification Number)

Dear Financial Aid Applicant:

We have received information from your 2017-2018 Free Application for Federal Student Aid (FAFSA) that indicates you have a legal dependent other than a spouse. So that we may continue processing your financial aid application, we need to verify the information you reported. Please complete the following information and either fax it to our office at (217) 265-5516 or mail it to the address listed above. Please include the student's name and University Identification Number (UIN) on every document submitted to our office.

Name of Dependent	Relationship to you	Age	Does this person live with you all year?	Was this person claimed on your 2015 and/or 2016 U.S. Federal Income Tax Return? <i>If Yes, submit your 2015 and/or 2016 signed 1040/A/EZ Federal Tax Return or Tax Return Transcript.</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will you provide 51% or more of the support for the dependent listed above through June 30, 2018? *(Please check one box.)*

- Yes
- No

- o **If Yes, please attach each of the document(s) indicated below before you submit this form:**
 - Submit a copy of a birth certificate or documentation from a medical provider indicating the expected due date of the child if the child is not yet born *(if the dependent is your child)*. **NOTE: The child must be born during the award year and must receive more than half of their support from the student from birth to the end of the award year.**
 - Submit a copy of your local lease agreement.
 - Submit a copy of dependent's local daycare provider information.
- o **If Yes, and the dependent does not live with you and is not claimed on your income tax return**, please attach a signed explanation indicating the amount of support you provide *(support includes money, gifts, loans, food, clothes, medical and dental care, personal expenses, and so forth)*.
- o **If Yes, and the dependent does live with you, but is not claimed on your income tax return**, you must provide a signed explanation and documentation to support this claim.
- o **If No, the dependent does not live with you, is not claimed on your taxes, and you don't provide 51% of the support**, please sign the form and either fax or mail it to our office. You will also need to go online to make the correction at www.fafsa.ed.gov, have your parents provide their information, and sign with all FSA IDs required.

I certify that ALL the information on this form is complete and correct.

Print Name

Student Signature

Date

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

Documents may be faxed to (217) 265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to www.osfa.illinois.edu and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at (217) 333-0100.