



2019-2020 Certification of Dependent Support

0DSB

An incomplete form will be returned to you and will delay processing

Student Name _____ **NMU IN** _____

Current Address _____

If you **do not** have dependents for whom you provide more than half support, **check the box on the left, skip the other sections, sign this worksheet and submit the following information and forms available from our website: nmu.edu/financialaid/printableforms.**

- Parent Data Worksheet
- Verification Worksheet

****If you and/or your parents have not already submitted your taxable income verification to us, select one of the options on the second page of the Verification Worksheets to do so.****

Dependent Information: Please provide the following information regarding your dependents.		
Name	Date of Birth	Relationship to You

If the dependent is your child, please indicate the name of the other parent _____

Is the other parent enrolled at NMU? **Yes No**

With whom does your dependent live? (list all household members) _____

If your dependent currently lives with you, will he/she continue to live with you between July 1, 2019 and June 30, 2020? **Yes No**

Did you claim your dependent as a tax exemption in 2017? **Yes No**

If no, indicate the name of the person who did and that person's relationship to your dependent:

Name _____ Relationship _____

Will you claim your dependent as a tax exemption in 2018? **Yes No** In 2019? **Yes No**

Do you receive state or federal benefits for your dependent? **Yes No**

Does someone else receive state or federal benefits for your dependent? **Yes No**

If yes, please list that person's name and relationship to your dependent:

Name _____ Relationship _____

HOUSEHOLD INCOME (Please provide documentation of current income, such as a recent pay stub or benefits statement.)			
Source of Income	Monthly Income Amount	Total Estimated Income Amount (July 1, 2019-June 30, 2020)	
Name of Employer:	\$	\$	
Child Support	\$	\$	
State Assistance / Food Stamps	\$	\$	
Other – Please List:	\$	\$	
HOUSEHOLD EXPENSES			
Expense	Monthly Amount	Total Estimated Amount (July 1, 2019 - June 30, 2020)	Paid By (You, family member, other parent, etc.)
Rent/Mortgage	\$	\$	
Utilities	\$	\$	
Groceries/Household Supplies	\$	\$	
Transportation (car payment/ insurance/gas/mass transit)	\$	\$	
Medical Expense/Health Insurance	\$	\$	
Clothing	\$	\$	
Credit Cards/Personal Loans	\$	\$	
Daycare	\$	\$	

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information given on this form.

Student Signature _____ **Date** _____