Student Name (Print) FSU ID #

**Permanent Home Mailing Address**

City State Zip

Phone

**Place of residence during academic year (If Different) ( ) Check if same as above**

City State Zip

Phone

**For the 2021 – 2022 academic year, you indicated that you have a financially dependent child(ren). Please complete the information below and attach backup documentation to prove support.**

Name of Child Supported: DOB:

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Are you the child(ren)’s biological or legally adopted parent? Yes No

Do you own, rent, or stay with family/friends Own Rent Family/Friends

Does the child(ren) live with you during the academic year? Yes No (Describe Below)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you claim the child(ren) as a tax exemption in 2022? Yes No

Did you claim the child(ren) as a tax exemption in 2023? Yes No

Will you claim the child(ren) as a tax exemption in 2024? Yes No

**Current Sources of Income/Support per Month**

**(\*Please attach proof of each income source applicable)**

Wages: Food Stamps (SNAP):

WIC/TANF/AFDC/Welfare: Housing / Utility Assistance

Parent or Relative: Other:

Social Security Benefits: Child Support:

**By signing, you certify that the information given on this form is true and complete. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Signature: Date: