

5500 North Saint Louis Avenue Chicago, Illinois 60625-4699

2016-2017 DEPENDENCY CLARIFICATION WORKSHEET

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, 2016 and June 30, 2017. 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 2015 tax return OR (2) the dependent is a child under age 24 who filed a 2015 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 2015. 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>2015 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	\$ _____	\$ _____	\$ _____
Recreation and Entertainment	\$ _____	\$ _____	\$ _____

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>2015 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 other persons (identify name of person): _____	\$ _____	\$ _____
Other (list source): _____	\$ _____	\$ _____

3. Briefly explain the situation including why the individual is not claimed on your or your parent(s) tax return as an exemption.

By signing below, both student and parent acknowledge and confirm that the above information is complete and accurate.

_____ / ____ / _____ **000** _____
Student's Signature **Date** **NEIU ID#**

_____ / ____ / _____
Parent or Spouse Signature **Date**