



2024-2025 Dependency Clarification worksheet

Student's First Name

[Empty box for Student's First Name]

6-digit NEIU

[Empty box for 6-digit NEIU]

Student's Last Name

[Empty box for Student's Last Name]

Student ID#

Phone Number

[Empty box for Student ID# and 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, 2024 and June 30, 2025. This financial support (e.g. tax return exemption, healthcare expenses) must clearly be supported with documentation.

Name of Dependent One. _____

Age: _____

Name of Dependent Two. _____

Age: _____

STOP HERE IF (1) the dependent(s) is reflected on your 2022 tax return OR (2) the dependent is a child under age 24 who filed a 2022 tax return claiming themselves.

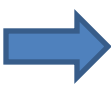
1. In the first 2 left hand columns enter the total annual amount for each expense for the dependent in 2022. Then, in the far right hand column enter the total annual amount paid by you or your parent(s) for the benefit of this dependent.

Table with 4 columns: 2022 Type of Annual Household Expense, Annual Expense of Dependent One, Annual Expense of Dependent Two, Annual Amount You Contribute to Dependent(s). Rows include 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.

Table with 3 columns: 2022 Annual Income of Dependent, Amount Received by Dependent One, Amount Received by Dependent Two. Rows include Earnings (attach tax transcript, 1099,w-2s), Unemployment, Social Security or disability, Food stamps (SNAP) or WIC, Public Housing Assistance (TANF), Child Support Received, 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.

Student's Signature

Date

Parent's Signature

Date