## 2019-2020 Dependency Clarification worksheet

<table>
<thead>
<tr>
<th>Student’s First Name</th>
<th>Student’s Last Name</th>
<th>6-digit NEIU Student ID#</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

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, 2019 and June 30, 2020. This financial support (e.g. tax return exemption, healthcare expenses) must clearly be supported with documentation.

### Name of Dependent One.

<table>
<thead>
<tr>
<th>Name of Dependent One</th>
<th>Age:</th>
</tr>
</thead>
</table>

### Name of Dependent Two.

<table>
<thead>
<tr>
<th>Name of Dependent Two</th>
<th>Age:</th>
</tr>
</thead>
</table>

STOP HERE IF (1) the dependent is reflected as a tax exemption on your 2017 tax return OR (2) the dependent is a child under age 24 who filed a 2017 tax return claiming themselves.

1. In the first 2 left hand columns enter the total annual amount for each expense for the dependent in 2017. 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>
<thead>
<tr>
<th>2017 Type of Annual Household Expense</th>
<th>Annual Expense of Dependent One</th>
<th>Annual Expense of Dependent Two</th>
<th>Annual Amount You Contribute to Dependent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing and utilities</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Food</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Child Care</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Clothing and Personal Care</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Credit Card bills</td>
<td>$________________________</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>2017 Annual Income of Dependent</th>
<th>Amount Received by Dependent One</th>
<th>Amount Received by Dependent Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings (attach tax transcript, 1099,w-2s)</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Social Security or disability</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Food stamps (SNAP) or WIC</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Public Housing Assistance (TANF)</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
<tr>
<td>Other (list source):</td>
<td>$________________________</td>
<td>$________________________</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>