



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID

TELEPHONE: (850) 599-3730
FAX: (850) 561-2730
EMAIL: Financialaiddocs@fam.u.edu

2018 -2019 DEPENDENT SUPPORT STATEMENT

Student Name _____ Student ID _____

Federal regulations require you to certify that you provide a minimum of 50% support for you children or legal dependent(s) during 2017 and will continue to provide support during the 2018-2019 school year. Support includes but is not limited to the following: payments for housing, food, clothing, child support payments or other expenditure for the children or dependent(s). If you are an expectant parent, you may include the child as a dependent for the 2018-2019 school year.

Please provide documentation for the following:

- Legal Guardianship (Court Documents)
- Pregnancy (From Physician)

_____ I did and will provide 50% support for my children or legal dependent(s).

List Dependents below:

Children or Legal Dependent Name	Last Four of SSN	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I did not and will not provide 50% support for my children or legal dependent(s). (If you mark this box, please update your FAFSA to reflect "No – I do not have dependents")

I certify that all of the information reported above is accurate to the best of my knowledge.

Student Signature: _____

Date: _____