OFFICE OF FINANCIAL AID **UNIVERSITY OF MICHIGAN**

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Dependent Child(ren) Questionnaire 2017-2018

This form is for students who are not married and are pregnant and/or already have one or more children.

This information is required to process your application for financial aid for Fall/Winter 2017-2018. Complete this form and return it to the address above so your application can be processed**.** If you are requested to submit this form and you fail to do so, you may jeopardize your eligibility for financial aid.

STUDENT'S NAME: LAST FIRST M.I. UMID NUMBER (8 DIGITS) EMAIL ADDRESS

Section A - Household Information

If you are not married and you are pregnant and/or already have one or more children, complete the information below according to the number of people who will be in your household in 2017-2018:

Full Names of ALL Family Members, Including the U-M Student for Whom this Application Is Being Completed:	**Age:**	**Relationship to Student:**	**Will He/She Be Enrolled in College/ University at Least Half-Time in 2017-2018?**	**Name of the College or University that this Family Member Will Attend in 2017-2018:** (if not enrolled, leave blank)	**Child Care Expenses per Week (if any) to Be Paid by the U-M Student for this Family Member in 2017-2018:** (if not enrolled, leave blank)
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

If you have more than seven family members, continue your list on the back of this page.

Section B - Documentation

1. Attach a copy of your 2015 federal income tax return (1040, 1040A, or 1040EZ). If your child(ren) are not claimed by you on your tax return, who claims them?

   NAME RELATIONSHIP TO YOU

2. Attach an explanation of how you financially support your child(ren). *(All applicants must provide this.)*
3. If you are less than 24 years old, attach a copy of your parents' 2015 federal income tax return (1040, 1040A, or 1040EZ).
4. Attach a statement from your parents explaining their level of monetary support and/or cash assistance for you and/or your child(ren).
5. If you are pregnant, attach documentation of your pregnancy, including a medical provider's written estimated delivery date.

Section C - Certification and Authorization

Do NOT submit this form without ALL required signatures.

By signing this form, I certify that all the information reported is compete and correct. I also agree to contact the U-M Office of Financial Aid if the information provided changes.

STUDENT'S SIGNATURE DATE