

## Dependent Child(ren) Questionnaire 2016-2017

2500 Student Activities Bldg. = 515 E. Jefferson St. = Ann Arbor, MI 48109-1316 = TEL: 734-763-6600 = FAX: 734-647-3081 = eMAIL: financial.aid@umich.edu = WEB: www.finaid.umich.edu

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

STUDENT'S NAME: LAST		FIRST	M.I.	UMID NUMBER (8 DIGITS)	EMAIL ADDRESS	
Section A - Househo  If you are not married and number of people who wil	you ar	e pregnant an			, complete the inforr	mation below according to the
Full Names of <u>ALL</u> Family Members, Including the U-M Student for Whom this Application Is Being Completed:	Age:	Relationship to Student:	Will He/She Enrolled in Col University at I Half-Time 2016-2017	llege/ that this Fam Least Attend in (if not enroll	ollege or University nily Member Will n 2016-2017: led, leave blank)	Child Care Expenses per Week (if any) to Be Paid by the U-M Student for this Family Member in 2016-2017: (if not enrolled, leave blank)
			☐ Yes ☐	No		
			☐Yes ☐	No		
			☐ Yes ☐	No		
			☐ Yes ☐	No		
			☐ Yes ☐	No		
			☐ Yes ☐	No		
			Yes	No		
Section B - Documen  1. Attach a copy of your 2 return, who claims the	2015 fe		tax return (1	1040, 1040A, or 1040EZ). I	f your child(ren) are	not claimed by you on your tax
NAME				RELAT	IONSHIP TO YOU	
2 Attach an explanation	of how	you financial	ly sunnort v	our child(ren). <i>(All applicai</i>	nts must nrovide this	. 1
				parents' 2015 federal incon		
•	-				•	ce for you and/or your child(ren
	-		_	gnancy, including a medical		
o. Il you are pregnant, at	tacii uc	camentation	or your pres	mancy, including a medical	provider 3 written e	stimated delivery date.
Section C - Certificat	tion a	nd Authori	zation			
Do <u>NOT</u> submit this form	withou	ut <u>ALL</u> require	ed signature	S.		
Du signing this form I cort	ify that	t all the inforn	nation repor	rted is compete and correct	. I also agree to con	tact the U-M Office of Financial
Aid if the information prov		-	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	
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