2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316 • tel: 734-763-6600 • fax: 734-647-3081 • email:  $\frac{\text{financial.aid@umich.edu}}{\text{financial.aid@umich.edu}}$  • web:  $\frac{\text{finaid.umich.edu}}{\text{financial.aid@umich.edu}}$ 

## DEPENDENT CHILD(REN) QUESTIONNAIRE 2022–2023

	: Name: Last First			M.I. U-M ID Number (eight digits)			Email Address	
	HOUSEHOLD INFO			or already have one	or more children, complet	e the infor	mation below according	
Full nan member U-M stude				will they be enrolled in college/university at least halftime in 2022-2023?		ersity that vill 3:	Child care expenses per week (if any) to be paid b U-M student for this fami member in 2022-2023: (If not enrolled, leave blan	
(:	Student)		Self	☐ Yes ☐ No	University of Michigan	1		
				☐ Yes ☐ No				
				☐ Yes ☐No				
				□Yes □No				
				□Yes □No				
				□Yes □No				
				□Yes □No				
Attach	a signed and date x return, who clair	d copy		) federal income tax	return (1040). If your child	d(ren) are	not claimed by you on	
Name					 Relationship to	You		
Attach	Attach an explanation of how you financially support your child(ren). (All applicants must provide this.)							
If you a	f you are less than 24 years old, attach a copy of your parents' 2020 federal income tax return.							
	Attach a statement from your parents explaining their level of monetary support and/or cash assistance for you and/or your child(ren).							
If you a	re pregnant, attac	ch docu	ımentation o	f your pregnancy, in	cluding a medical provider	's written (	estimated delivery date	
CTION C	CERTIFICATION A	ND AUT	HORIZATION					
				anaturas				
NOT sub	mit this form with	าout <u>AL</u>	<u>.L</u> requirea si	gnatures.				
					pete and correct. I also agre	ee to conta	act the U-M Office of	