(FKID)

OFFICE OF FINANCIAL AID **UNIVERSITY OF MICHIGAN**

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Dependent Child(ren) Questionnaire 2018-2019

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 2018-2019. 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 2018-2019:

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 2018-2019?**	**Name of the College or University that this Family Member Will Attend in 2018-2019:** (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 2018-2019:** (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 2016 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' 2016 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 _____

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