Student's Signature

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DEPENDENT CHILD(REN) QUESTIONNAIRE 2021–2022

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 the 2021–2022 academic year. 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. U-M ID Number (eight 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 2021-2022: Child Care Expenses per Week (if any) to Be Paid by the U-M Full Names of ALL Family Members, Including the U-M Student for Will He/She Be Name of the College or University Enrolled in College/ that this Family Member Will Attend in 2021–2022: Relationship Student for this Family University at Least Half-Time in Age: to Student: Member Whom this Application in 2021-2022: Is Being Completed: (if not enrolled, leave blank) 2021-2022? (if not enrolled, leave blank) (Student) Self ☐ 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** Attach a signed and dated copy of your 2019 federal income tax return (1040). 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.) If you are less than 24 years old, attach a copy of your parents' 2019 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 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. Typed signatures are acceptable.

Date