

DOCUMENTS ARE DUE WITHIN TEN BUSINESS DAYS OF NOTIFICATION

DEPDTR _____

Ferris State University Office of Scholarships & Financial Aid

2022-2023 DEPENDENCY DETERMINATION FORM

DOCUMENTS MAY BE SUBMITTED VIA U.S. MAIL, FAX, OR SECURE UPLOAD. TO UPLOAD DOCUMENTS: LOG INTO MyFSU, STUDENT TAB, FINANCIAL AID ICON, SELECT "SECURE DOCUMENT UPLOAD" ICON. EMAILED DOCUMENTS ARE NOT SECURE AND CANNOT BE ACCEPTED.

FSU Office of Scholarships & Financial Aid
1201 S. State Street, CSS 101, Big Rapids, MI 49307
Phone: 231 598-8210 Fax: 231 591-2950
Email: finaid@ferris.edu

(DO NOT EMAIL DOCUMENTS)

FIRST NAME

MIDDLE

LAST

Student ID #

Phone Number (include area code)

Permanent Address (include Apt. Number)

City

State

Zip Code

You indicated on the FAFSA that you (student) are supporting a child(ren) or other legal dependent(s). This form is required to clarify your dependency status.

- 1) Do you (student), or will you, between July 1, 2022 and June 30, 2023, **provide more than 50% of the support** of a child or other legal dependent? YES _____ NO _____

If "NO", please log back into your FAFSA, click on "Make corrections to a processed FAFSA" then change the answers to the questions 51 and 52 FAFSA to "NO". You will then be prompted to answer questions regarding your parent(s) and also provide 2020 parental tax information. Don't forget to submit the FAFSA corrections and include your parent's electronic signature. Once you have corrected your FAFSA, please skip the remaining questions below, sign and date this form and submit it to the Financial Aid Office to the address listed above.

If "YES", please complete all of the remaining questions on this form, sign and submit along with requested documentation. Failure to provide documentation will result in denial of your request.

- 2) Please list the name(s) and age(s) of the child(ren)/legal dependent(s) that you will support between July 1, 2022 and June 30, 2023. If your child is not yet born, please list "Unborn" in the Child Name column below and provide a statement from your doctor's office including the expected delivery date of your child. If you are the legal guardian for a minor, please submit the court appointed legal guardianship papers.

CHILD/LEGAL DEPENDENT NAME

AGE

DATE OF BIRTH

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3) What is the living arrangement for you and your child(ren)/legal dependent(s)? Please check the appropriate response and provide any requested documentation.

- A. My child(ren)/legal dependent(s) and I live in my parent(s)' home. _____
- B. My child(ren)/legal dependent(s) and I live in (FSU) Campus Housing. _____
- C. My child(ren)/legal dependent(s) and I live in an apartment/home that I own, lease or rent. _____ **
- D. My child(ren)/legal dependent(s) and I live with someone other than my parents. _____ **

Please indicate with whom you and your child(ren) or legal dependent(s) live and the relationship between you and this person or persons:

NAME: _____ **Relationship:** _____

****If you checked option C or D YOU MUST SUBMIT A COPY OF YOUR APARTMENT/HOME RENTAL AGREEMENT, LEASE, DEED, MORTGAGE CONTRACT, ETC., IN YOUR NAME or THE PERSON'S NAME WITH WHOM YOU LIVE, ALONG WITH THIS FORM. Failure to submit the requested documentation will result in a denial of your Independent status and terminate your financial aid process. To proceed, you will either have to follow the procedure in number 1 on this form or resubmit this form with requested documentation.**

- E. My child(ren)/legal dependent(s) do(es) not live in my residence. _____

4) Please indicate from the list below all of the current resources you use to support your child(ren)/legal dependent(s). **Do not include financial aid. YOU MUST SUBMIT DOCUMENTATION OF ANY RESOURCES YOU REPORT BELOW (PAYSTUBS, BENEFIT STATEMENTS, CHILD SUPPORT COURT ORDERS, 2021 tax return, ETC.)**

SOURCE OF INCOME	AMOUNT RECEIVED	DATES RECEIVED
Wages:	\$ _____	_____
SNAP Benefits	\$ _____	_____
WIC Benefits	\$ _____	_____
2021 State/federal tax refund	\$ _____	_____
Section 8 Housing	\$ _____	_____
Child Support received	\$ _____	_____
Other	\$ _____	_____

By signing this form, I certify that all of the above information is complete and correct. Sign this form in **ink. Electronic or typed signatures are NOT acceptable.**

Student Signature

Date