



2019-2020 Students with Children or Dependents Form

Student Name: _____ ECC ID or SSN: _____

On your 2019-2020 FAFSA, you answered:

“Yes” to question #51, “Do you now have or will you have children who will receive more than half of their support from you between July 1, 2019 and June 30, 2020?”

- OR -

“Yes” to question #52, “Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2020?”

Financial support includes employment or any other source of income or funding that you or your dependent receive. Financial support may be provided by a person or agency. Support includes, but is not limited to housing, clothes, medical, dental, transportation, etc.

***** Please note: if you are living with a parent who is paying for most of the household expenses, the parent would usually be considered the primary source of support to the child.**

Section 1: Please check one box below.

- I do not have children or dependents that I will be financially supporting more than 50% between July 1, 2019 and June 30, 2020. Please go online to www.FAFSA.gov and make the appropriate corrections to questions 51 and/or 52 on your FAFSA.
- I have or will have children that I will be financially supporting more than 50% between July 1, 2019 and June 30, 2020.
- I have dependents (other than children or spouse) who live with me that I will be financially supporting more than 50% between July 1, 2019 and June 30, 2020.

Section 2: Please list your children or dependents you will be financially supporting more than 50%.

Full Name	Age	Relationship to the student

Section 3: Detailed, Signed, Statement of Support

Attach a signed statement to this form describing how you financially support your children and/or dependents more than 50%. Include in your statement a list of all resources or benefits being received (wages, child support, Medicaid, SNAP, TANF, WIC, subsidized housing, etc.). **In addition, if you are working please provide a copy of your most recent pay stub.**

I certify that all of the information on this form is complete and correct.

Student Signature: _____

Date: _____