

# **\*\*2019-2020 Dependent Child Information\*\***

**\*\*This form must be submitted by May 1, 2020 to be considered for the 2019-2020 academic year\*\***

**The University of Iowa**  
Office of Student Financial Aid  
2400 University Capitol Centre  
Iowa City, Iowa 52242

(319) 335-1450  
FAX (319) 335-3060

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

You reported that you are self-supporting because you have a child or will have a child. Please submit this completed form within two weeks. No further action can be taken on your application until this information is received. Failure to do so could delay your financial aid.

1. What is the birthdate (or anticipated birthdate) of the child (month/day/year)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide a copy of your child's birth certificate (if the child has been born).

2. Provide the full name and address of the child's other parent: \_\_\_\_\_  
\_\_\_\_\_

If the other parent is also attending a college or university, provide the name of his/her college/university:  
\_\_\_\_\_

3. Where will the child live? \_\_\_\_\_

If child will live with you, provide address where you and the child will live:  
\_\_\_\_\_

Will the child live with you 100% of the time?

Yes  No (explain custody arrangement) \_\_\_\_\_

Will you a)  live on your own b)  live with the child's other parent  
c)  live with your parent(s) d)  other (explain) \_\_\_\_\_

4. If you provide child support, how much did/will you pay for the child? in calendar year 2018 \$ \_\_\_\_\_  
in calendar year 2019 \$ \_\_\_\_\_

5. If applicable, how many months did/will the child live with you in calendar year 2019? \_\_\_\_\_ 2020? \_\_\_\_\_

6. If applicable, who claimed the child as an exemption on their 2017 federal income tax return? \_\_\_\_\_

7. Who will claim the child as an exemption on their 2018 federal income tax return? \_\_\_\_\_

8. On the back of this sheet, complete the income and expense breakdown with information from you, the other parent, and any other supporting person (e.g., other relatives, such as grandparents), if applicable. If you listed an amount in number 3 above and you do not cover any specific household expenses beyond child support paid, do not complete the expense portion on the back.

9. Attach an additional sheet if you would like to elaborate on information provided on this form to further clarify the support provided to the child.

My signature below verifies that the information on this form is complete and correct.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Calendar Year Income		For You	For Other Parent
<b>Wages from Work</b> If you and/or the other parent have a job, please provide a copy of your most recent paystub(s).	2018	\$	\$
	2019	\$	\$
<b>Assets as of</b> _____ (the date the FAFSA was filed)		\$	\$
<b>Awarded or Anticipated Financial Aid</b>	2019-2020 academic year	\$	\$
<b>WIC</b>	2018	\$	\$
	2019	\$	\$
<b>Food Stamps</b>	2018	\$	\$
	2019	\$	\$
<b>TANF</b>	2018	\$	\$
	2019	\$	\$
<b>Section 8 or Other Subsidized Housing</b> (list amount agency is providing)	2018	\$	\$
	2019	\$	\$
<b>Child Support Received</b>	2018	\$	\$
	2019	\$	\$
<b>Other Income or Support from Relatives</b> (please specify)			
_____	2018	\$	\$
_____	2019	\$	\$
_____	2018	\$	\$
_____	2019	\$	\$

Monthly Expenses	Provided, paid by you	Provided, paid by other parent	Provided, paid by other person or agency (indicate relationship to child)
Rent per month	\$	\$	\$
Utilities per month	\$	\$	\$
Food per month	\$	\$	\$
Other per month (please specify)			
_____	\$	\$	\$
_____	\$	\$	\$
<b>Expenses for Child</b>			
Daycare per month If paid by other person or agency, list name(s): _____	\$	\$	\$
Health insurance per month If receiving Title 19, list all who receive coverage: _____	\$	\$	\$
Clothing, diapers, etc., per month	\$	\$	\$