

# **\*\*2019-2020 Legal Dependent 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: \_\_\_\_\_

INSTRUCTIONS: You filed your financial aid application (FAFSA) as an independent student based on the fact that you have dependents (**other than your children or spouse**) who live with you and receive more than half of their support from you between July 1, 2019, and June 30, 2020. Since this statement is the basis for your dependency status is it necessary for us to verify the response. Answer each of the following questions. Additional information may be requested.

1. What is the name, birth date, and relationship of your dependent(s)? (*List any others on back.*)  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
2. Will your dependent(s) continue to live with you for the entire school year?  YES  NO
3. Do you and/or your dependent(s) live with your parents?  YES  NO  
If yes, how much rent do you pay to your parents monthly? \_\_\_\_\_  
If no, what is your current address? \_\_\_\_\_

Who lives at this address with you? List name, age, and relationship of each member of your household. Use the back of this form if needed.

\_\_\_\_\_

4. Who claimed you as a tax exemption in 2017? \_\_\_\_\_
5. Who will claim you as a tax exemption in 2018? \_\_\_\_\_
6. Who claimed your dependent as a tax exemption in 2017? \_\_\_\_\_
7. Who will claim your dependent as a tax exemption in 2018? \_\_\_\_\_
8. Who provides medical insurance for you? \_\_\_\_\_
9. Who provides medical insurance for your dependent? \_\_\_\_\_
10. List your current **monthly** income below: (**DO NOT LEAVE ANY BLANKS, IF NONE ENTER ZERO**)

Wages, salaries, tips	\$ _____	Veteran's Benefits	\$ _____
Unemployment	\$ _____	Social Security/SSI	\$ _____
Child Support	\$ _____	Public Assistance (ADC/AFDC)	\$ _____
Disability payments	\$ _____	Worker's Comp	\$ _____
Other (identify): _____			\$ _____

11. **Attach a signed copy of your 2017 Federal Tax Return –OR- If completing after April 15, 2019, please attach a signed copy of your 2018 Federal Tax return.**

Statement of Certification: I certify that all of the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.

\_\_\_\_\_  
Student Signature