

****2020-2021 Dependent Child Information****

****This form must be submitted by May 1, 2021 to be considered for the 2020-2021 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
financial-aid@uiowa.edu

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 2019 \$ _____
in calendar year 2020 \$ _____

5. If applicable, how many months did/will the child live with you in calendar year 2020? _____ 2021? _____

6. If applicable, who claimed the child as an exemption on their 2018 federal income tax return? _____

7. Who will claim the child as an exemption on their 2019 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
Wages from Work If you and/or the other parent have a job, please provide a copy of your most recent paystub(s).	2019	\$	\$
	2020	\$	\$
Assets as of _____ (the date the FAFSA was filed)		\$	\$
Awarded or Anticipated Financial Aid	2020-2021 academic year	\$	\$
WIC	2019	\$	\$
	2020	\$	\$
Food Stamps	2019	\$	\$
	2020	\$	\$
TANF	2019	\$	\$
	2020	\$	\$
Section 8 or Other Subsidized Housing (list amount agency is providing)	2019	\$	\$
	2020	\$	\$
Child Support Received	2019	\$	\$
	2020	\$	\$
Other Income or Support from Relatives (please specify)			
_____	2019	\$	\$
_____	2020	\$	\$
_____	2019	\$	\$
_____	2020	\$	\$

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)			
_____	\$	\$	\$
_____	\$	\$	\$
Expenses for Child			
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	\$	\$	\$