



## 2025-2026 DEPENDENT CHILD INFORMATION

This form must be submitted by May 1, 2026, to be considered for the 2025–26 academic year.

Student Name: \_\_\_\_\_ UI ID Number: \_\_\_\_\_

You reported that you are self-supporting because you have a child for whom you are the majority financial supporter. Please submit this completed form within two weeks. Failure to do so could delay your financial aid.

1. What is the birthdate of the child? \_\_\_\_\_
  - a. Provide a copy of your child's birth certificate

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

NAME	STREET	CITY	STATE	ZIP
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3. If the other parent is also attending college, provide the name of the school they are attending:

\_\_\_\_\_

4. Where will the child live from July 1, 2025 – June 30, 2026? If the child will live with you, provide the address where you and the child will live:

STREET	CITY	STATE	ZIP
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- a. Will the child live with you 100% of the time? ☐ Yes ☐ No

- b. Explain custody arrangement: \_\_\_\_\_

- c. Will you: ☐ Live on your own ☐ Live with the child's other parent  
☐ Live with your parent(s) ☐ Other (explain): \_\_\_\_\_

5. If applicable, how many months did/will the child live with you in 2025: \_\_\_\_\_ 2026: \_\_\_\_\_

6. If you provide child support, how much did/will you pay for the child in 2025: \$\_\_\_\_\_ 2026: \$\_\_\_\_\_

7. If applicable, who claimed the child as an exemption on their 2023 federal income tax return?

\_\_\_\_\_

8. Who claimed the child as an exemption on their 2024 federal income tax return? \_\_\_\_\_

9. On the other page of this form, 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 you do not cover any specific household expenses beyond child support paid, do not complete the expense portion on the next page.

10. 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.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office of Student Financial Aid

2400 University Capitol Centre, Iowa City, Iowa 52242 | 319-335-1450 | Fax 319-335-3060 | [financial-aid@uiowa.edu](mailto:financial-aid@uiowa.edu) | [financialaid.uiowa.edu](http://financialaid.uiowa.edu)

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 pay stub(s).	2024	\$	\$
	2025	\$	\$
Assets as of: (the date the FAFSA was filed)	_____	\$	\$
Offered or anticipated financial aid	2025–26 academic year	\$	\$
WIC	2024	\$	\$
	2025	\$	\$
Food Stamps	2024	\$	\$
	2025	\$	\$
TANF	2024	\$	\$
	2025	\$	\$
Section 8 housing or other subsidized housing (list amount agency is providing)	2024	\$	\$
	2025	\$	\$
Child support received	2024	\$	\$
	2025	\$	\$

Other Income or Support Received from Relatives (please specify)			
	2024	\$	\$
	2025	\$	\$
	2024	\$	\$
	2025	\$	\$

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	Provided, paid by you	Provided, paid by other parent	Provided, paid by other person or agency (indicate relationship to 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	\$	\$	\$

**Office of Student Financial Aid**