

2023-2024 LEGAL DEPENDENT INFORMATION

This forn	n must b	e submitted by May 1, 2024 to be considered for	the 2023-2024 academic year.		
Student Name:			UI ID Number:		
(other th June 30,	an your o 2024. Si	e Application for Federal Student Aid (FAFSA) as hildren or spouse) who live with you and receive nce this statement is the basis for your depende uestions. Additional information may be request	more than half of their support t ncy status it is necessary for us	from you between July 1, 2023 and	
1.	1. What is the name, birthdate, and relationship of your dependent(s)? (list any others on back)				
Name:		Birthdate:	Relationship t	o you:	
2.		dependent(s) continue to live with you for the en	ntire school year?	☐ No	
3.	Do you and/or your dependent(s) live with your parents?				
	a.	If yes, how much rent do you pay to your parent	s?		
	b.	If no, what is your current address?			
	c.	Who lives at this address with you? List name, a back of this form if needed)	ige, and relationship of each mer	mber of your household. (Use the	
4.	4. Who claimed you as a tax exemption in 2021?				
5.	Who wil	claim you as a tax exemption in 2022?			
6.	6. Who claimed your dependent as a tax exemption in 2021?				
7.	Who cla	med your dependent as a tax exemption in 2022	?		
8.	8. Who provides medical insurance for you?				
9.	Who pro	vides medical insurance for your dependent?			
10.	List you	current monthly income below: (Do not leave an	ny blanks. If none, enter zero)		
Wages, salaries, tips:		tips: \$	Veteran's benefits:	\$	
Unemployment:			Social security/SSI:	\$	
Child support:		\$	Public assistance (ADC/AFDC):	\$	
Disability payments:		nts: \$	Worker's comp:	\$	
Other (explain):				\$	
11.		signed copy of your 2021 Federal Tax Return or deral Tax Return.	if completing after April 15, 202	3, please attach a signed copy of your	
knowled	ge, and I	ification: I certify that all of the information repowill follow through on any documentation request sentenced to jail, or both.			
Student Signature:			Date:		