



2019-20 Documentation of Independence- Student with Dependents

Contact: DocInd01

Student Name: _____ **SSN:** _____ or **KWU STID#** _____

Instructions: You have reported on your 2019-20 FAFSA that you believe you are financially independent of your parent(s) under one or more a criterion which requires the Student Financial Planning Office to collect additional documents or information from you before we can complete the process of awarding financial aid to you.

Start by: Reviewing your FAFSA (www.fafsa.ed.gov). Look at your answers to the questions in FAFSA step 3 regarding the children or other dependents for whom you will provide more than fifty percent of their support in 2019-20. If you answered Yes to either of these questions, you must follow the steps outlined below:

Criterion 1		Criterion 2	
Do you now have or *will you have children who will receive more than half of their support from you between 7/1/2019 – 6/30/2020? Circle 1 Yes No		Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you between 7/1/2019 and through 6/30/2020? Circle 1 Yes No	
No?	If your answer to the above questions are both "No", you do not qualify to submit FAFSA without your parents' income and other information. Go to FAFSA.ed.gov, log in with your FSA ID and change the answers to Questions #51 and #52 from 'Yes' to 'No,' add your parents' information to FAFSA, save and submit. Contact the Student Financial Planning Office for more guidance.	Yes?	If your answer to one or both questions above is 'Yes,' complete the rest of this form and submit it to KWU Financial Planning.

				For the period 7/1/2019 – 6/30/2020	
Full Name (Last name, First Name)	Age	Date of Birth*	Relationship to You	Will this person live in your household?	Will you provide more than half of their support?

*If you are still pregnant with this child, attach a copy of a document from your physician stating expected date of birth, which must be before 6/30/2020 to be counted for this award year.

TOTAL EXPECTED INCOME 7/1/2019 – 6/30/2020:

(Please list annual amounts from all sources, and earnings expected to be received by student.)

(Leave no blanks; enter a zero if you expect to receive zero money from the source in 2019-20.)

Wages: Student	\$
Unemployment Benefits	\$
Child support expected to be received	\$
Housing, food, and other living allowances for military, clergy, and others (Include cash payments + value of benefits)	\$
Veteran's non-educational benefits	\$
Worker's Compensation	\$
Social Security and/or Disability Benefits	\$
Cash support paid to you or any money paid on your behalf for expenses in your name will be paid by someone other your parent(s) Name _____ Email _____ Telephone _____	\$
TOTAL EXPECTED INCOME FOR 7/1/2019- 6/30/2020:	\$

Check all programs below from which you expect to receive assistance 7/1/2019-6/30/2020:

<input type="checkbox"/> Untaxed Social Security including SSI	<input type="checkbox"/> Free/Reduced Price School Lunch program,
<input type="checkbox"/> Welfare (TANF)	<input type="checkbox"/> WIC benefits <input type="checkbox"/> Food stamps (SNAP)

I affirm that the above information is true and correct to the best of my knowledge.

Student Signature _____ **Date** _____