

2016-17 Dependent Survival Statement
(this form is to be filled out by the parent(s) only)

Student's Name: _____ SSN: _____

Parent's Name: _____ SSN: _____

There was little or no income reported on your FAFSA. Please select one of the options below to verify your means of financial support and report ANNUAL amounts.

During the year 2015:

_____ I lived with friends and or relatives and I did not work. The amount I received in support
(*excluding* room and board: rent, utilities, food etc) was \$ _____

_____ I was supported by friends and or relatives and I did not work.
The amount I received in support was \$ _____

_____ I received child support in the amount of \$ _____

_____ I am newly divorced/separated and I was supported by my spouse.

_____ I am living on welfare benefits in the amount of \$ _____

_____ Other - please use the space provided below to explain your situation:

Parent Signature: _____

Date: _____