

Social Security Benefits

Unemployment Benefits

Food Stamps

Welfare/TANF

Child Support

WIC

2013-2014 INDEPENDENT STUDENT LEGAL DEPENDENT FORM

Office of Financial Aid - One University Avenue - Bourbonnais, IL 60914-2345 (815) 939-5249 Fax: (815) 939-5074

Name:	SSN:	Olivet ID:	
You indicated on your financial aid application other than a spouse. In order for a FAFSA purposes, the student must be their dependents support through we please answer the questions below to he	student with a depender e able to support themse ork and/or state received	nt to be considered inde elves and provide more to lassistance.	ependent for than 50% of
answer blank. If the answer is zero, we other documentation requested to the Other Office of Financial Aid for further instractions.	rite \$0 in the space provide ffice of Financial Aid. If you ructions.	. Submit this completed	form with any please contact
You (the student) live: □ With your parent(s) □ Other (Please explain AND attach a cop	y of your lease agreement)		
Your dependent(s) live: Uith you (student) Uith you (student) and student's paren Uith control of the control	ts		
What child care provisions have you made	e for your child while you are	in class?	
Do you have a medical card for your depe If no, who provides the dependent's insu	•	s, attach copy of eligibility	notice
INCOME P	ER MONTH YOU RECEIVE		
Work Income	Amount per mo	nth Source	!

\$

\$

\$

\$

\$

\$

EXPENSES PER MONTH YOU PAID IN 2012							
	Amount per month	Who provides if amount is 0					
Rent/Housing	\$						
Utilities	\$						
Food	\$						
Medical/dental/insurance premiums	\$						
Transportation (car payment, auto insurance, gas)	\$						
Childcare	\$						
Child Support	\$	XXXXXXXXX					

Do you receive any other assistance not listed elsewhere on this form from family, friends or other parent of dependent? \Box Yes \Box No If yes, list person, type of assistance, and amount per month.

Person	Type of Assistance	Amount per month
		\$
		\$
		\$

The following is used to determine whether you provided more than one half of the support for your child or other dependent. Enter 2012 monthly amounts.

oth	er dependent. Enter 2012 monthly amounts.	
	Funds Belonging to the Child /Person You Supported	
1	Total monthly income of the person you supported (taxable and non-taxable)	\$
2	Amount used (from above) for support	\$
3	Amount used for other purposes	\$
4	Amount in savings and other accounts	\$
	(The total of lines 2 and 3 should equal line 1)	
	Expenses for the Entire Household in Which Your Dependent Lives	
5	Housing (rent paid or mortgage payment per month)	\$
6	Food	\$
7	Utilities not included in #5	\$
8	Repairs not included in #5	\$
9	Total monthly household expenses (add lines 5 through 8)	\$
10	Total number of persons who lived in the household	
	Expenses for the Person You Supported	
11	Household expenses (line 9 divided by line 10)	\$
12	Clothing	\$
13	Medical, dental expenses and insurance premiums	\$
14	Education	\$
15	Travel, recreation	\$
16	Other (specify)	\$
17	Total cost of monthly support (add lines 11 through 16)	\$
	Amount for Support	
18	Amount the person provided for own support (line 2)	\$
20	Amount remaining for the person's support (line 17 minus line 18)	\$
24	F00/ of line 17	
21	50% of line 17	\$

CERTIFICATION STATEMENT

Ι	certify	that	the	informa	ation	Ιl	have	provide	d is	accurate	and	complete	to	the	best	of	my	knov	vledge.
Α	dditiona	ally, I	unde	erstand	that	I a	m res	ponsible	for	returning	all s	tudent fina	ancia	al aid	l mor	nies	rece	ived	due to
in	accurat	e, fal	se or	mislead	ding i	nfo	rmati	on provi	ded	on this for	m ar	nd/or any o	othe	r doc	cumer	nts s	subm	itted	

Student Signature	Date	

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