

## 2019-2020 Dependents Other than a Spouse Form

### PURPOSE OF THIS FORM

On your 2019-2020 Free Application for Federal Student Aid (FAFSA), you indicated that you have children or other dependents (other than a spouse) who receive more than half of their support from you. Please complete the following information for all dependents that receive more than half of their support from you. **Support includes money, food, clothing, transportation, medical and dental care, etc.** Please note that we cannot continue to process your aid until we receive this completed form.

**PLEASE PRINT**

STUDENT'S NAME: \_\_\_\_\_

HOLY FAMILY ID: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

NAME OF DEPENDENT	DATE OF BIRTH (MMDDYY)	RELATIONSHIP TO YOU		
1.				
2.				
RESIDENCY	DOES THIS PERSON LIVE WITH YOU?	IF YES, DO YOU AND THIS PERSON LIVE WITH YOUR PARENTS?	IF NOT, WITH WHOM DO YOU LIVE?	IF THIS PERSON DOES NOT LIVE WITH YOU, WITH WHOM DO THEY LIVE?
DEPENDENT 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DEPENDENT 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DEPENDENCY ON TAX RETURNS	WAS THIS PERSON CLAIMED AS A DEPENDENT ON YOUR 2017 FEDERAL TAX RETURN? *	IF NOT, WHO CLAIMED THIS PERSON ON THEIR 2017 FEDERAL TAX RETURN? **	WERE YOU CLAIMED AS A DEPENDENT ON A PARENT'S 2017 FEDERAL TAX RETURN? ***	
DEPENDENT 1	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEPENDENT 2	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

\* Please attach your 2017 IRS Tax Return Transcript.

\*\* If you listed another person here, please attach their 2017 IRS Tax Return Transcript.

\*\*\* Please attach your parents' 2017 IRS Tax Return Transcript.

You may order a 2017 IRS Tax Return Transcript from the IRS online at [www.irs.gov](http://www.irs.gov), select "Get Your Tax Record". You can also obtain one by phone at 1-800-908-9946. **Please make certain you request a tax return transcript – NOT a tax account transcript.**

MEDICAL BENEFITS	ARE YOU OR YOUR CHILD/CHILDREN COVERED AS A DEPENDENT ON YOUR PARENTS' MEDICAL PLAN?	IS YOUR CHILD/CHILDREN COVERED AS A DEPENDENT ON A MEDICAL PLAN OTHER THAN YOURS?	IF YES, UNDER WHOSE MEDICAL PLAN ARE THEY COVERED?
YOU	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DEPENDENT 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEPENDENT 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CASH AND OTHER SUPPORT	DO YOU RECEIVE CASH OR MONEY PAID ON YOUR OR YOUR CHILD/CHILDREN'S BEHALF FROM YOUR PARENTS?	DO YOU RECEIVE CASH OR MONEY PAID ON YOUR OR YOUR CHILD/CHILDREN'S BEHALF FROM YOUR DEPENDENT'S OTHER PARENT?	IF YES FOR EITHER, HOW MUCH DO YOU RECEIVE (provide the yearly amount)?
YOU	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEPENDENT 1	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEPENDENT 2	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

I certify under penalty of perjury that the information provided on this form and attached is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN COMPLETED FORM TO THE ADDRESS OR FAX NUMBER AT THE TOP OF THIS FORM WITH ALL REQUIRED DOCUMENTATION. CONTACT US AT THE PHONE NUMBER OR EMAIL ADDRESS ABOVE WITH ANY QUESTIONS.