



Certification of Dependent Support

1DSB

An incomplete form will delay processing

Student Name _____ IN _____

Current Address _____

If you **DO NOT** have dependents for whom you provide more than half support, check the box on the left, skip the other sections, **sign, and submit this worksheet to the Financial Aid Office.** You will then need to **update your FAFSA.** You will need to **change the question asking if you have dependents to "no," and also add parent information.** Your FAFSA can be updated online at studentaid.gov. For more information on the FAFSA, see nmu.edu/financialaid/application. Please contact the Financial Aid Office if you need assistance.

Dependent Information - Please provide the following information regarding your dependents (if unborn, cannot include):		
Name	Date of Birth	Relationship to You

- If the dependent is your child, please indicate the name of the other parent: _____
- Is the other parent enrolled at NMU? **Yes** **No**
- With whom does your dependent live? (list all household members) _____
- If your dependent currently lives with you, will he/she continue to live with you between July 1, 2024 and June 30, 2025? **Yes** **No**
- Did you claim your dependent in 2022? **Yes** **No**
 If no, indicate the name of the person who did and that person's relationship to your dependent:
 Name _____ Relationship _____
- Will you claim your dependent in 2023? **Yes** **No** In 2024? **Yes** **No**
- Do you receive state or federal benefits for your dependent? **Yes** **No**
- Does someone else receive state or federal benefits for your dependent? **Yes** **No**
 If yes, please list that person's name and relationship to your dependent:
 Name _____ Relationship _____

HOUSEHOLD INCOME (Please provide documentation of current income, such as a recent pay stub or benefits statement.)		
Source of Income	Monthly Income Amount	Total Estimated Income Amount (July 1, 2024-June 30, 2025)
Name of Employer:	\$	\$
Child Support	\$	\$
State Assistance / Food Stamps	\$	\$
Other – Please List:	\$	\$

HOUSEHOLD EXPENSES			
Expense	Monthly Amount	Total Estimated Amount (July 1, 2024 - June 30, 2025)	Paid By (You, family member, other parent, etc.)
Rent/Mortgage	\$	\$	
Utilities	\$	\$	
Groceries/Household Supplies	\$	\$	
Transportation (car payment/ insurance/gas/mass transit)	\$	\$	
Medical Expense/Health Insurance	\$	\$	
Clothing	\$	\$	
Credit Cards/Personal Loans	\$	\$	
Daycare	\$	\$	

The person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

Student Signature _____ Date _____

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail or both.