



2025-2026 Certification of Dependent Support

ODSB

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, 2025 and June 30, 2026? **Yes** **No**
- Did you claim your dependent in 2023? **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 2024? **Yes** **No** In 2025? **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, 2025-June 30, 2026)
Name of Employer:	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
State Assistance / Food Stamps	\$ _____	\$ _____
Other – Please List:	\$ _____	\$ _____

HOUSEHOLD EXPENSES			
Expense	Monthly Amount	Total Estimated Amount (July 1, 2025 - June 30, 2026)	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.