NORTHERN MICHIGAN UNIVERSITY

FINANCIAL AID
1401 Presque Isle Avenue
Marquette, MI 49855-5301
906-227-2327 | fax 906-227-2321
fao@nmu.edu | nmu.edu/finaid

1DSB

2026-2027
Certification of Dependent Support

*****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, 2026 and June 30, 2027? **Yes** **No**
- Did you claim your dependent in 2024? **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 2025? **Yes** **No** In 2026? **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 (Documentation of current income, such as a recent pay stub or benefits statement are required)		
Source of Income	**Monthly Income Amount**	**Total Estimated Income Amount (July 1, 2026-June 30, 2027)**
Name of Employer:	$	$
Child Support	$	$
State Assistance / Food Stamps	$	$
Other – Please List:	$	$

HOUSEHOLD EXPENSES – PLEASE DO NOT LEAVE ANY LINES BLANK – IF $0, ENTER $0			
Expense	**Monthly Amount**	**Total Estimated Amount (July 1, 2026 - June 30, 2027)**	**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.

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

Student Signature _____ **Date** _____

*** No Typed Signatures ***