

2024-25 L**gopt lif**en



D ENTIRST NAME:	M.I.: <u>L</u> ASNAME: _
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You filed your FAFSA as an Independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the sole basis for your Independent status, it is necessary for us to verify the information. RETURN SIGNED FORM TO <a href="https://example.com/creativecom/crea

DEPENDENT INFORMATION

Will your dependent(s) continue to live with you for the entire 2024-2025 school year?

Do you and /or your dependent(s) live with your parents?

Are you receiving support for your dependent(s)?

Who claimed you as a tax exemption in 2022?

Who will claim you as a tax exemption in 2023?

Who claimed your dependent(s) as a tax exemption in 2022?

Who will claim your dependent(s) as a tax exemption in 2023?

Who provides medical insurance for you?

Who provides medical insurance for your dependent(s)?

SGNARE

I certify all information to be accurate. False information may result in fines, jail sentencing or both. <u>If it is determined you do not provide 50% of your dependent(s) support, you will be required to report your parents information before your financial aid will be processed.</u>