

Chowan University
 Financial Aid Office
 One University Place
 Murfreesboro, NC 27855
 Phone: 252-398-6535
 Fax: 252-398-6513
 Email: finaid@chowan.edu



CHOWAN UNIVERSITY

Financial Aid Office

Priority Dates
Returning Students
February 28, 2021

New Students
April 30, 2021

2021-2022 Child/Dependent Support Worksheet

Please complete this form and return it with the requested information or documentation.

Student's Name	Date of Birth	SSN XXX-XX-
Permanent Mailing Address	City, State	Zip Code
Student's Cell Phone	Parent's Cell Phone	Home Phone

Your financial aid status as an Independent student may be based on your answer of "yes" to the following question on your Free Application for Federal Student Aid (FAFSA).

"Do you have children/dependents who receive more than half of their support from you between July 1, 2021 and June 30, 2022?"

We require that you submit documentation verifying your support. Complete, sign and return this form and proper documentation to our office as soon as possible. **Use the following guidelines to determine if your answer is accurate.**

Support for your children or dependent(s) includes housing, food, clothing, medical and dental care, childcare, money, gifts, etc. that you provide. Resources that enable you to provide the support can include:

1. Earnings you receive from work or in-kind support (housing/food in exchange for work)
2. Assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families, and food stamps)

Note: Money you receive from your parent(s) cannot be included as a resource for your dependents' support.

Complete the Certification below by checking the appropriate statement and completing the back of this form.

I attest that I will provide more than half of the support for my child/dependent during between July 1, 2021 and June 30, 2022. All information provided on this form is complete and correct and I have provided documentation to support my claim (e.g. rent leases or tax transcripts with child listed or court order child support).

I answered incorrectly and none of these conditions apply to me. (By checking this box, I understand that I will need to return this form to the Office of Financial Aid and correct my FAFSA by changing this answer to "no" and adding parental information as well as a parental signature.

List the people in your household, include:

- a. Yourself and your spouse (if married).
- b. Your children, if you provide more than half of their support.
- c. Any other people who you provide at least 51% of their support.

Name	Relationship	Age
	Self	

STUDENT NAME: _____ CHOWAN ID #: _____

<u>Questions to be answered</u>	<u>Documentation needed based upon your answer</u>
1. Who does your child/dependent live with? <input type="radio"/> Me <input type="radio"/> My parents <input type="radio"/> Other _____	If you answered Me, provide: • Copy of your rental / lease agreement
2. Are you paying for childcare for your child/dependent? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, provide documentation specifying the name of the child/dependent receiving care: • Receipts in your name, or • Statement of account in your name
3. Are you providing medical coverage for your child/dependent? <input type="radio"/> Yes (Yes if you have Medicaid coverage for your child) <input type="radio"/> No	If you answered Yes, provide the following: • Copy of Medicaid card
4. Are you receiving child support for your child/dependent? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, how much support did you receive in 2019? • \$ _____ Example: \$50 per week; or \$200 per month; or \$2,400 per year
5. Do you pay child support for your child/dependent? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, how much support did you pay in 2019? • \$ _____ Example: \$50 per week; \$200 per month; or \$2,400 per year
6. Are any of your child/dependent's relatives providing financial support for you and/or your child/dependent? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, how much support did you receive in 2019? • \$ _____ per _____ Example: \$50 per week; \$200 per month; or \$2,400 per year Name of relative: _____ Relationship: _____
7. Are you or your child/dependent receiving any other types of assistance or benefits? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, provide the type(s) of assistance and the monthly amounts received during 2018: Type: _____ \$ _____ per month Type: _____ \$ _____ per month
8. Are you employed? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, provide a copy of your most recent Year-To-Date gross earnings pay stub.
9. Were you or your child/dependent claimed as dependents on someone else's 2017 federal tax return? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, who claimed you or your child/dependent? Name: _____ Relationship: _____ • If they will not claim you on their 2019 federal tax return, have them submit a signed written statement.
10. Will you claim yourself and your child/dependent on your 2019 Federal tax return? <input type="radio"/> Yes <input type="radio"/> No	If you answered No, who will claim you and your child/dependent? Name: _____ Relationship: _____

Certification and Signatures

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform necessary electronic corrections to the FAFSA on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information I/we may be fined, sentenced to jail, or both

Student's Signature: _____ Date: _____

Please return to:

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