

Supplemental Independency Form

Student Name _____ Capital ID/SSN _____

You have indicated on your **2025-26 FAFSA** that you have children and/or dependents who live with you and who receive more than half of their support from you. In order to confirm this information, please complete this form. To qualify as an independent student, you must be able to document that you have sufficient income to provide more than 50% of your dependents' support. If support cannot be proven, you **MUST** return to your FAFSA, change your answer to this question and provide parental information. If you are able to document support on this form, please complete it and return it to Capital University Financial Aid Office (Phone: 614-236-6511 Fax: 614-236-6926 Email: finaid@capital.edu. Capital University, 1 College and Main, Columbus, OH 43209)

A. Family Information

List BY NAME the people who will live in your household and who you will support. Include:

- yourself;
- your children if you will provide more than half of their support from **July 1, 2025 through June 30, 2026**;
- any other people that currently live in your household & will continue to live in your household & receive more than 50% of their support from you through June 30, 2026.

Full Name	Relationship to you
	Self

B. Income

Please report your income information in the box below from **July 1, 2024 through June 30, 2025**. ****ALL boxes must include an amount, even if it is \$0****

Reported Wages (1040 – Line 1 or W-2s - Line 1)	\$
Benefits from any Federal or State Programs (ie; Ohio Food Assistance Program, Ohio Head Start, Ohio Works First, TANF, WIC, etc)	\$
Child Support Received	\$
Other income Source: _____	\$
Total from July 2024 – June 2025	\$

C. Expenses

Please report your and dependents' expense information in the box below. Provide the total spent on each item from **July 1, 2024 through June 30, 2025**. ****ALL boxes must include an amount, even if it is \$0****

Rent (total amount paid during calendar year)	\$
Food	\$
Health Care	\$
Utilities	\$
Transportation	\$
Clothing	\$
Educational/Day Care	\$
Other	\$
Total from July 2024 – June 2025	\$

D. Certification

If you have determined after completing the above worksheet that you answered incorrectly on your FAFSA, please go back to <https://studentaid.gov/h/apply-for-aid/fafsa>. Correct the dependency question and include parent financial information. You do not have to return this form.

I attest the information provided on this form is true to the best of my knowledge. I understand that incomplete request will not be reviewed and that submitting information does not guarantee that I am an Independent Student

Student Signature _____ Date _____