Support of Dependents Form

Student Name _____ **Capital ID/SSN** _____

*You have indicated on your **2026-27 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. Please complete this form and return it to Capital University Financial Aid Office either by email finaid@capital.edu or in person to our office in Yochum Hall.*

A. Family Information

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

- your children if you will provide more than half of their support from **July 1, 2026, through June 30, 2027;**
- 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, 2027.

Full Name	Relationship to you

B. Income*

Please report your income information in the box below **from July 1, 2025, through June 30, 2026. **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 2025 – June 2026	$

C. Expenses*

Please report your and your dependents' expense information in the box below. Provide the total spent on each item **from July 1, 2025, through June 30, 2026. **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 2025 – June 2026	$

D. Certification

***Additional documentation to verify the information provided may be requested.**

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 parents' 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 _____