

Dependent Children Status

UFID _____ Student's Name _____

We are unable to continue processing your 2017-18 FAFSA application for financial aid because it contains incomplete or conflicting information. Please check the most appropriate box that applies to you.

I have children who receive more than half of their support from me.
(List names and ages, and attach copies of birth certificates) ⁶

Names	Ages

I do **NOT** have any children who receive more than half of their support from me. ¹⁴
If you check this item and cannot answer yes to any other independent reason you are considered dependent for financial aid purposes. A list of all independent criteria is provided at <http://www.sfa.ufl.edu/pdf/1718IndpHandout.pdf>. Contact a financial aid adviser if you qualify for another independent reason. If you are dependent please complete a new FAFSA application and include parent information.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

Student's Signature

Date

FOR SFA USE ONLY

DEP _____
IR _____

UFID _____	7 68
Name _____	