



The Florida State University
 Office of Financial Aid
 Tallahassee FL 32306-2430
 (850) 644-0539
 www.fsu.edu

Social Security Number _____

Student Name _____

DEPENDENT SUPPORT STATEMENT (DSPT)

In order for us to process your 2009-2010 financial aid application, federal regulations require you to certify that you provided a minimum of 50% support for your children or legal dependent(s) during 2008 and will continue to provide support during the 2009-2010 school year. Support could include any of the following: payments for housing, food, clothing or child support payments or any other expenditure for the children or dependent(s). If you are currently an expectant parent, you may include the child as dependent for the 2009-2010 year.

___ I **did not** and **will not** provide 50% support for my children or legal dependent(s).

___ I **did** and **will** provide 50% support for my children or legal dependent(s).

<u>Children or Legal Dependent Name</u>	<u>Social Security Number</u>	<u>Age</u>

Certification

I certify that all of the information reported above is accurate to the best of my knowledge.

 Student Signature

 Date

Please return this form to the Office of Financial Aid.

OFA #053 (dspt)
 (Revised 01/07/09)

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