



Name _____

Empl ID _____

Date _____

2017-2018 DEPENDENT SUPPORT STATEMENT (FADSPTE)

In order for us to process your 2017-2018 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 2016 and will continue to provide support during the 2017-2018 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 an expectant parent, you may include the child as a dependent for the 2017-2018 year.

Please provide documentation for the following:

- Pregnancy (**From Physician**)
- Legal Guardianship (**Court Documents**)

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

List Dependents below:

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

___ I **did not** and **will not** provide 50% support for my children or legal dependent(s).
 (If you mark this box, please update your FAFSA to reflect “No – I do not have dependents”)

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

 Student Signature

 Date

Florida State University’s Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm