



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2016-2017 DEPENDENT SUPPORT STATEMENT (FADSPTO)**

In order for us to process your 2016-2017 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 2015 and will continue to provide support during the 2016-2017 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 2016-2017 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](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)