

## 2017-2018 Income for Dependents Other Than Children or Spouse

Last Name	First Name	M.I.
Social Security Number or Student ID		/ / Date of Birth
Address (include apt no.)	City	State      Zip Code
( ) Student's Phone Number	Student's Email Address	

Please list all dependents living in your household other than your children or spouse. A copy of their 2015 tax return, Social Security benefits, or any other source of income must be reported on Worksheet B.

Dependent	Source of Income (2015)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I certify that I do live with the student or parent of the student listed above. They are providing more than half of my support and will continue to provide support from July 1, 2016 through June 30, 2017. Please have the person(s) selected sign below.

- Student's Signature Required
- Spouse's Signature Required
- Parent's Signature Required
- Other Dependent Other Than Children or Spouse Required

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Student Signature	Date
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Signature	Date
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Signature	Date
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Signature	Date
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