

**Student Name:** \_\_\_\_\_

**WIN :** \_\_\_\_\_

**-- Please Print Legibly in Blue or Black Ink Only --**

<b>Documentation of Legal Dependents or Children You Support</b>
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Based on the information indicated on your *Free Application for Federal Student Aid*, you are considered an independent student and your status must be verified before your financial aid eligibility is determined. **Return all documents to Western's financial aid office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid.**

**INSTRUCTIONS:** Check one of the boxes below, **attach** all required supporting documentation, **sign** and **return** this form. If you cannot check one of the boxes below and you have special circumstances, please make an appointment with a financial aid services specialist.

Check box	Independent Status Criteria	Supporting Documentation...attach ALL to form and return with signed form
<input type="checkbox"/>	I have children who will receive <u>more than half</u> of their support* from me during the academic year beginning July 1 through the following June 30	Copy of child's birth certificate AND Signed statement from yourself documenting: <ul style="list-style-type: none"> <li>• living arrangements of the children</li> <li>• amount of monthly support* YOU provide</li> <li>• Information on any support* received from other persons (another parent, family member, friend, state agency)</li> </ul>
<input type="checkbox"/>	I have legal dependents (other than a spouse or children) who live with me AND receive <u>more than half</u> of their support* from me now and during the academic year beginning July 1 through the following June 30	Signed statement from yourself documenting: <ul style="list-style-type: none"> <li>• names and ages of dependents that live with you</li> <li>• relationship of dependents to yourself</li> <li>• amount and source of monthly support* YOU provide</li> <li>• information on any support* received from other persons (another parent, family member, friend, state agency)</li> </ul>

**\*SUPPORT includes but is not limited to: food, food stamps, housing, clothing, medical and dental care/insurance, child support, child care, education, transportation, recreation, etc.**

SIGNATURE:

**I hereby certify that this information is true, complete and accurate to the best of my knowledge. Any attached documents required to verify my independent status are true and exact copies of the original.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

We encourage you to resolve this issue as quickly as possible. Many financial aid programs have specific deadlines. Delays in processing your application may result in a reduction or loss of financial aid awards. Be sure to include your name and WIN number on any documents you submit. If you have any questions or need assistance, please contact Bronco Express at (269) 387-6000.

**Please mail document to: Western Michigan University, Student Financial Aid  
1903 West Michigan Avenue, Kalamazoo, MI 49008-5337**