

**Independent Student  
CERTIFICATION AND STATEMENT OF DEPENDENTS  
(OTHER THAN CHILD OR SPOUSE)**

Please complete this certification, sign and submit to the Financial Aid Office.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Please list below dependents (other than your children or spouse) who currently live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.

Full Name	Age	Relationship	Other Financial Assistance
Missy Jones ( <i>example</i> )	15	Niece	

Please explain why people listed above live your household and why they will receive financial support from you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and correct.

\_\_\_\_\_ Student

\_\_\_\_\_ Date