

2026-2027 Dependent Support Statement

You indicated on your 2026-27 Free Application for Federal Student Aid (FAFSA) that you will provide more than half the support for one or more dependents during the 2026-27 financial aid year (July 1, 2026 – June 30, 2027). Your personal and dependent care expenses and income must be reviewed in order to complete the determination of your financial aid eligibility. Please complete this form and return it to the Student Financial Services Office.

If more space is needed, attach a separate page with the student's name and SAIC ID number at the top.

A. Student Information

Student Name

SAIC ID Number

Phone Number

Email

B. Dependent Information

Dependent Name	Age	Relationship to Student	Does the Dependent live with the student?

C. Student Living Expenses

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Per Month	Per Year (Per Month x 12)
Rent/Mortgage		
Utilities (Gas, electric, water)		
Food (Do not include Food Stamps)		
Transportation		
Other (Specify)		
Total Student Living Expenses		

(Continued on next page)

Student Name	SAIC ID Number
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D. Dependent Care Expenses

Expense Type	Dependent Associated With Expense Type	Per Month	Per Year (Per Month x 12)
Total Dependent Care Expenses			

E. Annual Income and Resources

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Income/Resource Amount Received in 2024	
Income earned from work (Provide W-2 form or proof of earnings)		
Child Support Received for all Children		
Alimony or Separate Maintenance		
Welfare and General Assistance Benefits		
Supplemental Security Income (SSI)		
Social Security Benefits		
Veterans Benefits – Specify Type:		
Unemployment Compensation		
Disability Benefits other than Social Security		
Pensions or Retirements Benefits		
Workers' Compensation		
Housing, Food or Other Living Allowances for Military, Clergy, etc.		
Financial Aid refund Received in 2024		
Estimated cash received or monies paid on your behalf in 2024 <u>not reported on the FAFSA</u> , which helped support your living expenses. Please check if funds were a:		
Loan	Gift	Cash Support
Other Income – Specify:		
Total Income and Resources		

F. Certification and Signatures

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge.

Note: Electronic/Typed signatures are not acceptable.

Student Signature

Date