

**2018-19 Dependent Survival Statement**  
**(this form is to be filled out by the parent(s) only)**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

There was little or no income reported on your FAFSA. Please select one of the options below to verify your means of financial support and report ANNUAL amounts.

**During the year 2016:**

\_\_\_\_\_ I lived with friends and or relatives and I did not work. The amount I received in support  
(*excluding* room and board: rent, utilities, food etc) was \$ \_\_\_\_\_

\_\_\_\_\_ I was supported by friends and or relatives and I did not work.  
The amount I received in support was \$ \_\_\_\_\_

\_\_\_\_\_ I received child support in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ I am newly divorced/separated and I was supported by my spouse.

\_\_\_\_\_ I am living on welfare benefits in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Other - please use the space provided below to explain your situation:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_