

	2026-2027 Children and/or Legal Dependent Verification Independent Student	VCLD 27
	OFFICE OF SCHOLARSHIPS AND FINANCIAL AID WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634 Financial Aid Portal	

Why have you received this form? You selected one or more statements in questions 5 on the Free Application for Federal Student Aid (FAFSA). **When should this form be submitted?** Failure to complete and submit this form along with all required documentation to the Office of Scholarships and Financial Aid **within 21 business days** may result in the cancellation of your federal financial aid.

Student Information

Student Name (please print) _____ Campus ID Number _____

Student and Dependent Information

Where will you reside while attending CMU? ☐ On Campus ☐ Off Campus ☐ With Parents

List annual expenses for: Housing \$ _____ Food \$ _____ Utilities \$ _____ Transportation \$ _____

Who provides medical insurance for you? _____ Did you claim yourself as a tax exemption in 2025? ☐ No ☐ Yes

Will your child/dependent reside with you during the 2026-2027 academic year? ☐ No ☐ Yes

Will you provide medical insurance for your child/dependent? ☐ No ☐ Yes

Will you claim your child/dependent as a tax exemption in 2024? ☐ No ☐ Yes

Do you pay for day care expenses for your child/dependent? ☐ No ☐ Yes, how much? \$ _____

Independent Status Criteria: Please check the situation that applies to you

Please Note: *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.

- ☐ **I have children** who will receive more than half of their support* from me during the academic year beginning July 1 through the following June 30.
ATTACH all of the following required documents.
- ☐ Copy of child's birth certificate.
 - ☐ Copies of any WIC, SNAP, and Medicaid cards.
 - ☐ A signed statement from yourself documenting all of the following:
 - o Living arrangements of the children.
 - o Amount of monthly support* YOU provide.
 - o Information on any support* received from other persons (another parent, family member, friend, state agency).
- ☐ **I have legal dependents (other than a spouse or children)** who live with me AND receive more than half of their support* from me now and during the academic year beginning July 1 through the following June 30.
ATTACH all of the following required documents.
- ☐ Copies of any WIC, SNAP, and Medicaid cards.
 - ☐ A signed statement from yourself documenting all of the following:
 - o Names and ages of dependents that live with you.
 - o Relationship of dependents to yourself.
 - o Information on any support* received from other persons (another parent, family member, friend, state agency).
- ☐ **I do not meet any of the conditions listed above.**
☐ **CORRECT** the incorrectly selected statement(s) in question 5 on your FAFSA, which will allow you to include your parent(s)' income and asset information on your FAFSA. Submit these changes to the federal processor. Be sure you and at least one parent sign the FAFSA. If you filed your FAFSA electronically, you may make corrections at [StudentAid.gov](https://studentaid.gov).

Certification and Signature

 **SIGNATURE REQUIRED:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) _____

_____ Date