Dependents are those that you will support between July 1, 2020 and June 30, 2021. Support includes money, housing, food, clothes, car, medical and dental care, payment of college cost and other expenses. You cannot count support provided by your parents.

Below, list the names and ages of YOUR dependents and their relationship to you. Include your children if they receive MORE THAN HALF of their support from you. Include other people ONLY if they meet the following criteria:

1. They live with you, and
2. They receive more than half of their support from you, and
3. They will continue to get this support from you between July 1, 2020 and June 30, 2021.

You must attach legal documentation of their relationship. (i.e. Birth certificate, legal guardianship, court documents, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Norm</td>
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<td>son</td>
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Section B: ADDITIONAL QUESTIONS

1. Did your parent(s) claim you (the student) on their 2018 tax return?  ☐ Yes  ☐ No

If no, specify who claimed you:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<tbody>
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<td></td>
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</tbody>
</table>

2. Did you claim your dependent on your 2018 tax return?  ☐ Yes  ☐ No

If no, please list the name of the person who claimed the dependent and their relationship to you:

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<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
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<tbody>
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</tbody>
</table>
Section B: ADDITIONAL QUESTIONS (continued)

3. Who will claim the dependent(s) on their 2018 tax return?
   - [ ] Student
   - [ ] Parent (your parent)
   - [ ] Other (Specify)

4. Where do the dependents(s) named above live?
   - [ ] With student
   - [ ] With student’s parent(s)
   - [ ] Other (Specify)

5. You (the student) will live:
   - [ ] With parent(s)
   - [ ] In own home/apartment (Attach copy of lease/mortgage)
   - [ ] Other (Specify)

6. What arrangements for childcare have you made for the time while you are in class?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

7. Do you or your dependents currently receive any of the following benefits?
   a. WIC/ SNAP/ TANF   ______YES (Attach Documentation) _______NO
   b. Child Support            ______YES (Attach Documentation) _______NO
   c. Medicaid/ Private Insurance  ______YES (Attach Documentation) _______NO
   d. SSI            ______YES (Attach Documentation) _______NO

Section C: CERTIFICATION AND SIGNATURE

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the UNC Charlotte Financial Aid Office to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to $20,000, face imprisonment, or both.

Student Signature __________________________________________ Date __________________________