

HOUSEHOLD DEPENDENT QUESTIONNAIRE

Last Name	First Name	M.I.	Student ID
Address	City, State	Zip Code	Telephone

Instructions

- 1. Answer one of the questions in Section 1.
- 2. Complete Section 2, if applicable.
- 3. Use blue or black ink only. Print Clearly. Unreadable forms will be returned to you unprocessed.
- 4. Submit this form at any Financial Aid Office location, via fax to (707) 468-3197, or by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482.

If you have questions about this form, please call our office at (707) 468-3110.

Section 1: Dependent Determination (answer one of the questions below)

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If only your signature was required when you submitted your				
FAFSA, answer this question:				
Will you and/or your spouse provide more than 50% of sup-				
port for dependents other than children/spouse listed on the				
2016-2017 Free Application for Federal Student Aid (FAFSA)				
from July 1, 2016 through June 20, 2017?				
■ Yes (Complete Section 2) ■ No (Skip Section 2)				

Section 2: Dependent Information (attach another page if more space is needed)

Full	Name of Dependent	Relationship	Dependent's Source of Income	Dependent's Income for 2015

Certification and Signature

- I certify that all information reported on this form is true and accurate to the best of my knowledge.
- I understand that purposely providing false information may be a cause for cancellation of financial aid awards.
- I understand that I may be required to return unearned financial aid funds for the previous term.
- I authorize Mendocino College to withhold unpaid fees for previous terms from financial aid disbursements.
- I understand that Mendocino College may use this information to update my previously submitted FAFSA information.

Student Signature	Date
Parent Signature (if dependent)	Date