

# **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)

| If you and your parent's signature were required when you submitted your FAFSA, answer this question:   | If only your signature was required when you submitted your FAFSA, answer this question:  |  |  |
|---|---|--|--|
| Will your parent(s) provide more than 50% of the support for<br>dependents other than children/spouse listed on the<br>2018-2019 Free Application for Federal Student Aid (FAFSA)<br>from July 1, 2018 through June 20, 2019? | Will you and/or your spouse provide more than 50% of sup-<br>port for dependents other than children/spouse listed on the<br>2018-2019 Free Application for Federal Student Aid (FAFSA)<br>from July 1, 2018 through June 20, 2019? |  |  |
| ■ Yes (Complete Section 2) ■ No (Skip Section 2)  | ☐ 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<br>for 2016 |
|------------------------|--------------|------------------------------|--------------------------------|
|                        |              |                              |                                |
|                        |              |                              |                                |
|                        |              |                              |                                |
|                        |              |                              |                                |

## **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 SignatureDateParent Signature (if dependent)Date