
Student Rocket Number

Student Last Name

Student First Name

()

Preferred Phone Number



**Legal Dependents
Worksheet
2009-10**

You were mailed this form to help the Office of Student Financial Aid clarify a conflict regarding information you reported on the Free Application for Federal Student Aid (FAFSA). The U.S. Department of Education requires us to resolve conflicting information, therefore, complete this worksheet and return it to our office so that we can continue processing your federal financial aid application.

List your family members below. Include only the people who you will support between July 1, 2009 and June 30, 2010. Include:

- Yourself
- Your spouse
- Your children and/or stepchildren if you provide more than half of their support (do not include children for whom you are paying child support)
- Include people other than those listed above only if they live with and receive more than half of their support from you (and your spouse), and will continue to receive this support between July 1, 2009 and June 30, 2010.

Full Name of Family Member

Age

Relationship to You

College*

*Indicate if any family member will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree or certificate program.

Certification Statement: By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

RETURN TO:

**The University of Toledo
Office of Student Financial Aid
2801 West Bancroft Street, Mail Stop 314
Toledo, Ohio 43606-3390**

**Phone: 419.530.8700
Fax: 419.530.5835**