## LEGAL DEPENDENT STATEMENT



Student's Name:			UCFID:													
Address:			State/Zip:													
								inancial sup		ate bel	ow the					oviding <b>more than ha</b> hly for the dependent(s
								Name of Dependen	t(s)	f Birth	Relation	onship	Who does the depe live with?	endent(s)	de	/ho claimed the ependent(s) on is/her 2019 taxes?
res-O No	o-O If yes, be su	re to ind	clude the	e amoun	ts when completing #		our p	parents, friends, etc)?								
Yes-O No  3. Do you rec  Yes-O No  4. Do you rec  Yes-O No  5.	o-O If yes, be su ceive Temporary As	re to ind ssistand te the b sistance fill out t	clude the ce for Ne penefits e other t the char	e amoun eedy Fan began: _ han TAN t below.	ts when completing # nilies (TANF)? F?  Monthly amount			te benefits began:								
Yes-O No  3. Do you rec  Yes-O No  4. Do you rec  Yes-O No  5.	ceive Temporary As If yes, the da eeive any public ass If yes, please	re to ind ssistand te the b sistance fill out t	clude the ce for Ne penefits e other t the char	e amoun eedy Fan began: _ han TAN t below.	ts when completing # nilies (TANF)? F?											
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Yes-O No  3. Do you rec Yes-O No  4. Do you rec Yes-O No  5.  Type of as  Shelter	Monthly amount of and will continue to provide, pl documentation on how	support y ovide for support y lease sub	clude the ce for Ne penefits e other the char assistant ou have me is not ou are mit	e amoun eedy Fan began: _ han TAN t below. ice, etc.)	ts when completing # nilies (TANF)?  F?  Monthly amount received:	6 below.	Dat	te benefits began:  Please list name of person providing								
Aces-O No.  B. Do you recovers-O No.  I. Do you recovers-O No.  Type of as  Shelter  Food	Monthly amount of and will continue to provide, pl documentation on how	support y ovide for support y lease sub	clude the ce for Ne penefits e other the char assistant ou have me is not ou are mit	e amoun eedy Fan began: _ han TAN t below. ice, etc.)	ts when completing # nilies (TANF)?  F?  Monthly amount received:	6 below.	Dat	te benefits began:  Please list name of person providing								
Shelter Food Clothing	Monthly amount of and will continue to provide, pl documentation on how	support y ovide for support y lease sub	clude the ce for Ne penefits e other the char assistant ou have me is not ou are mit	e amoun eedy Fan began: _ han TAN t below. ice, etc.)	ts when completing # nilies (TANF)?  F?  Monthly amount received:	6 below.	Dat	te benefits began:  Please list name of person providing								
Shelter Food Clothing Medical	Monthly amount of and will continue to provide, pl documentation on how	support y ovide for support y lease sub	clude the ce for Ne penefits e other the char assistant ou have me is not ou are mit	e amoun eedy Fan began: _ han TAN t below. ice, etc.)	ts when completing # nilies (TANF)?  F?  Monthly amount received:	6 below.	Dat	te benefits began:  Please list name of person providing								
Shelter Food Clothing	Monthly amount of and will continue to provide, pl documentation on how	support y ovide for support y lease sub	clude the ce for Ne penefits e other the char assistant ou have me is not ou are mit	e amoun eedy Fan began: _ han TAN t below. ice, etc.)	ts when completing # nilies (TANF)?  F?  Monthly amount received:	6 below.	Dat	te benefits began:  Please list name of person providing								

Submit complete forms at finaid.ucf.edu/upload. Route this form to Verification/ Taxes

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