



# HOUSEHOLD DEPENDENT QUESTIONNAIRE

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Student ID</b>
<b>Address</b>	<b>City, State</b>	<b>Zip Code</b>	<b>Telephone</b>

## 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)

<p>If you and your parent's signature were required when you submitted your FAFSA, answer this question:</p> <p>Will your parent(s) provide more than 50% of the support for dependents other than children/spouse listed on the 2017-2018 Free Application for Federal Student Aid (FAFSA) from July 1, 2017 through June 20, 2018?</p> <p><input type="checkbox"/> Yes (Complete Section 2)      <input type="checkbox"/> No (Skip Section 2)</p>	<p>If only your signature was required when you submitted your FAFSA, answer this question:</p> <p>Will you and/or your spouse provide more than 50% of support for dependents other than children/spouse listed on the 2017-2018 Free Application for Federal Student Aid (FAFSA) from July 1, 2017 through June 20, 2018?</p> <p><input type="checkbox"/> Yes (Complete Section 2)      <input type="checkbox"/> No (Skip Section 2)</p>
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## 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.

<b>Student Signature</b>	<b>Date</b>
<b>Parent Signature (if dependent)</b>	<b>Date</b>