

2019-2020 Dependent Certification

Student's Name _____ NMHU I.D. @ _____

Parent's Name _____

I (Student / Parent) certify I have a Dependent (other than my children under the age of 24 or spouse) who live with me and receive more than half of their support from me, now and through June 30, 2020.

Write the name of your dependent(s) age and relationship to you. Also if attending, list the name of the college your dependent will be enrolled at least 1/2 time in a degree or certified program between July 1, 2019 and June 30, 2020. Along with the Dependent Certification; please submit a typed statement explaining why the individual(s) listed below is/are your dependent(s).

Name	Age	Relationship	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all of the information is complete and correct.

 Student / Parent Signature (Original Signature Required)

 Date