SEATTLE PACIFIC UNIVERSITY

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-info@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2019 - 2020 LEGAL DEPENDENT STATEMENT

STUDENT NAME: _____ SPU ID: _____

You indicated on your 2019 - 2020 Free Application for Federal Student Aid (FAFSA) that you have legal dependents. Please list the dependents who will live with you **and** receive more than half of their support from you between July 1, 2019 and June 30, 2020 (support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.).

Name	Relationship to student	Age

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

_____

Student Signature Date Phone Email