



**Parent Affidavit Of Non-Support**

2019-2020

Please initial each statement, sign and date the form where indicated.

\_\_\_\_\_ I certify that I am the father/mother of the dependent student named below.  
(circle one)

\_\_\_\_\_ I stopped providing all financial support to my son or daughter as of \_\_\_\_\_.  
(month/yr)

\_\_\_\_\_ I certify that my son or daughter does not live with me.

\_\_\_\_\_ I certify that my son or daughter is not included under my car or health insurance.

\_\_\_\_\_ I certify that I do not pay any bills for my son or daughter, or otherwise provide room, board or any other in-kind support.

\_\_\_\_\_ I certify that I did not/will not claim my son or daughter as a dependent on my federal or other income tax returns for 2017.

\_\_\_\_\_ I refuse to complete the Free Application for Federal Student Aid (FAFSA) for 2019-2020 for my son or daughter. I understand that my refusal means my son or daughter will not receive any federal grant aid or subsidized loans for college.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Dependent Student Name (print)

\_\_\_\_\_  
Parent Hand-Signature

\_\_\_\_\_  
Date