

**MOODY BIBLE INSTITUTE**  
**2019-2020 Dependency Support Statement (Child)**

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Student's MBI ID Number

To speed up the review of your request for Financial Aid, please complete, sign and return this form as soon as possible. To complete the verification of your 2019-2020 FAFSA, you must confirm that you are **or** are not providing more than 50% of the financial support for your child.

**Complete this section if you WILL support a child**

This person can be counted as a child only if he/she is your child who will receive more than 50% of his/her support from you between July 1, 2019 and June 30, 2020. Please list this child below. (If more than one child, please attach an additional sheet for each child.)

Full Name of Child Receiving Support (First, Middle Initial, Last)	Relationship	DOB	SSN (last 4)	# of months living with you from July 1, 2019 thru June 30, 2020

Below list your and your child's current monthly income. List all sources of income.

Source of Income	Student	Child
Income Earned from Work	\$	\$
Unemployment Benefits	\$	\$
TANF/Welfare/Food Stamps	\$	\$
Child Support	\$	\$
Social Security and/or Supplemental Social Security	\$	\$
Financial Aid	\$	\$
Other Income (please specify)	\$	\$

**Complete this section if you WILL NOT support a child**

You **will not** have a child who will receive more than 50% of their support from you between July 1, 2019 and June 30, 2020.

**Certification and Signatures**

By signing this worksheet you certify that all of the information reported on it is complete and correct. You must hand sign and date.

**WARNING:** If you purposely give false or misleading information, you may be fined, be sentenced to jail or both.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Submit this worksheet to the address below:**

Financial Aid Office • Moody Bible Institute • 820 N LaSalle Blvd, Chicago, IL 60610  
[financial.aid@moody.edu](mailto:financial.aid@moody.edu) • Fax (312) 329-4274