

# 2016-2017 Review of Dependency Status Third Party Affidavit



2016-2017

Office of Student Financial Aid  
P.O. Box 9031  
Petersburg, VA 23806  
Fax: (804) 524-6818

(To be completed by a third party who knows the student and is familiar with the circumstances.)

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

\_\_\_\_\_  
VSU Banner Id #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? \_\_\_\_\_
2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

\_\_\_\_\_  
\_\_\_\_\_

3. Why is the student unable to provide parent information for financial aid purposes?

\_\_\_\_\_  
\_\_\_\_\_

4. What is the last date that the applicant:
  - a). Received financial support from parents?

\_\_\_\_\_  
Month/Year

- b). Lived with parents?

\_\_\_\_\_  
Month/Year

5. How is the student currently supporting himself/herself?

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date