

## Parent Affidavit Of Non-Support 2022-2023

Please initial each statement, sign	and date the form where indicated.
· ·	er/mother of the dependent student named below. rcle one)
I stopped providing all fin	ancial support to my son or daughter as of (month/yr)
I certify that my son or da	ughter does not live with me.
I certify that my son or da	ughter is not included under my car or health insurance.
I certify that I do not pay a board or any other in-kind	any bills for my son or daughter, or otherwise provide room, I support.
I certify that I did not/will other income tax returns f	not claim my son or daughter as a dependent on my federal or or 2020.
2022-2023 for my son or o	ree Application for Federal Student Aid (FAFSA) for daughter. I understand that my refusal means my son or any federal grant aid or subsidized loans for college.
Parent Name (print)	Dependent Student Name (print)
Parent Hand-Signature	Date