

Northeastern Illinois Universityinancial Aid, Scholarships and dent Employment

5500 North Saint Louis AvenueDzBuilding Roor200 z Chicago, IL 60625699 z 773-442-5016 z Fax: 773442-5040 Financialaid@neiu.eduz_neiu.edu/financialaid z Check your financial aid status_at_neiuport.neiu.edu

Student's First Name	6-digit NEIU	
	Student ID#	
Student's Last Name	Phone Number	

The FREE Application for Federal Student Aid or FAFSA reflects that either the student or the parents are supporting dependent(s)—other than spouse or biological childwho will receive in excess of 50% financial support between July 1, 2024 and June 30, 225. This financial support (e.g. tax returnemention, healthcare expenses) must clearly be supported with documentation.

Name of Dependent One. ______ Age: ______

Name of Dependent Two	Age:		
STOPHERE IFI the depen	den(s) is reflected on your 2022 tax return OR (2) the dependent is a child under age 24		

who filed a 2022ax return claiming themselves

1. In the first 2left hand columns enter the total annual amount for each expense for the dependence. Then, in the far right hand column enter the total annual amount paid by you or your parent(s) for the benefit of this dependent.

2022Type of Annual Ann /P <e Household Exense