



Parent Affidavit Of Non-Support
2024-2025

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 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 202

_____ I refuse to complete the Free Application for Federal Student Aid (FAFSA) for 2024-2025 for my son or daughter. I understand that my ~~refuse~~ 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