



# 2020-2021 Review of Dependency Status Third Party Affidavit

Office of Student Financial Aid  
11301 Johnson Road  
South Prince George, VA 23805  
Fax: (804) 862-6260

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

\_\_\_\_\_ R#00 \_\_\_\_\_  
Student's Name

*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? \_\_\_\_\_

Please provide your information below:

Name: _____	Age: _____
Contact #: _____	Relationship to Student: _____
Address: _____	
Phone: _____	Occupation: _____

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date