



STUDENT FINANCIAL SERVICES

**AFFIDAVIT OF NO PARENTAL SUPPORT**  
2018-2019

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
COM Student ID

I/We certify the following statements with regard to the financial aid application for our son/daughter at College of the Mainland for the 2018-2019 academic year:

1. I/We refuse to provide information to complete the FAFSA application and
2. I/We do not and will not provide any financial support to our son/daughter during the 2018-2019 school year. The last time we/I provided financial support was \_\_\_\_\_.

**Certification and Signatures:** Each person signing this form certifies that all of the information being reported is complete and accurate. If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Note: Unless divorced, both parents must sign this form regardless of whom student lives with or which parent is refusing to provide the information and financial support to student.**

\_\_\_\_\_  
Parent 1 Name (Please Print)

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Name (Please Print)

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date