| Affida  | vit of  |                                      |
|---------|---|--------------------------------------|
|         | (Student Name & ID Number)  |                                      |
| Now C   | Comes(Employee Name & ID Number)  | , being first duly sworn, and        |
|         | (Employee Name & ID Number) y states as follows:                                |                                      |
| 1.      | That affiant is an employee of The University of Akı                            |                                      |
| 2.      | That affiant has provided support for   | for the                              |
|         | semester stated (ex. Fall 2024)   | (Student name)                       |
| 3.      |   | as a dependent providing             |
|         | (Student name)  More than fifty percent of their support. I agree to requested. | provide supporting documentation, if |
| 4.      | I declare and attest that   | currently has a gross income of      |
|         | (Student name) \$4,700.00 /year or less. I agree to provide supporti            |                                      |
| Affiant | t further saith naught.   |                                      |
|         | Affiant Signature   |                                      |
|         | Amant Signature   |                                      |
|         | Affiant Name Printed  |                                      |
| Sworn   | to me thisday of, 20  | ·                                    |
|         |   |                                      |

Notary Public