

TUITION REMISSION  
APPLICATION AFFIDAVIT (C)

I, \_\_\_\_\_, hereby attach the most recent federal income tax return for myself and my child and state for the purpose of obtaining tuition remission under the University of Cincinnati's Tuition Remission Plan that:

My child, \_\_\_\_\_, whose date of birth is \_\_\_\_\_ was not claimed as my IRS dependent for tax year \_\_\_\_\_. I have checked the following statements which accurately represent my child's current status (check all that apply) and have attached an accounting of my level of financial support:

\_\_\_\_\_ My child is unmarried.

\_\_\_\_\_ My child is a full-time student (a copy of the most recent school registration or grade report is attached).

\_\_\_\_\_ My child's primary residence is in my home.

My child pays room/board in the amount of \$\_\_\_\_\_ annually.

Please explain your child's living and associated financial arrangements. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child is not employed on a full-time basis.

\_\_\_\_\_ I provide primary financial support for my child. (Please explain)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other. Provide any other pertinent information here.  
\_\_\_\_\_  
\_\_\_\_\_

I understand the contents of this Application Affidavit and certify that the information stated above is true and accurate and the University may request additional documentation, and that this information may be relied upon by the University. I will notify the University of Cincinnati Human Resources Service Center in writing of any changes in the information listed above within 31 days of the change. Furthermore, I understand that knowingly submitting a tuition remission application containing false or deceptive information is considered fraud under Ohio law.

If the federal income tax return(s) (employee and child) and any other requested documentation fail to support the current dependent situation, my child will immediately lose his/her tuition remission benefits. I understand and agree that I will be personally responsible for reimbursing the University for any amount paid in reliance on these representations if the child was ineligible for such under the University rules. Submitting false information on this document may result in legal action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.