



CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office  
P. O. Box 35009  
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Telephone: (704) 330-6942  
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# Proof of Dependent(s) Form

This form is used to gather information from students who have a discrepancy on the household size reported.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1<sup>st</sup> of the previous year and June 30<sup>th</sup> of the current year. Include your children if they receive **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

1. they now live with you, **and**
2. they now receive more than half of their support from you, **and**
3. they will continue to receive this support from through June 2010.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Where are the dependent(s) named above currently living?

- with the student
- with the student's parent(s)
- other

If "other" is checked, please explain:

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What child care provisions have you made while you are attending classes?

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If the dependent is an older adult, do they receive any income assistance (i.e. social security benefits, retirement, welfare, etc)? If so, please list the type and amount.

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You (the student) will live:

- with your parent(s)       with a friend  
 other       in my own house, apt, condo, etc.

If "other" is checked, please explain:

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Were you (the student) claimed by your parent(s) on their tax return for the previous year?

- Yes  
 No

Was your dependent claimed by anyone other than you (the student) on your previous year tax return?

- Yes  
 No

If yes, please list the name of the person and their relationship to you:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list the estimated monthly expense for the support of your dependent(s), over and above the support received through any federal programs:

\$ \_\_\_\_\_ per month

Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; current lease listing mentioned dependents; AFDC statement or copy of check; Notice of Action Form from your caseworker with current date; cancelled checks or other proof of child support paid; WIC program eligibility notice, etc).

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_