Student Financial **Aid**

A Department of Central Piedmont Community College

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 1st of the previous year and June 30th 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 you through June 2013.

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:

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

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.

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:

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).

_____ _____

_____ _____

Signature of Student: _____ **Date:** _____

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

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