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FOR OFFICE USE ONLY

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CAMPUS: INITIAL: _____

C D E OM

Financial Aid Office
DEPEND

2019 – 2020: Proof of Dependent Form

You have indicated that you have a child or dependent(s), or that your parent(s) support a non-traditional family member. To include any individual on your FAFSA, you must document that you provide more than 50% of his or her financial support between July 1, 2019 and June 30, 2020. Complete this form to identify if you are eligible to include a dependent in your household.

COMPLETE ONE FORM PER DEPENDENT.

Student Name: _____ CCBC ID: _____

1. First and Last Name of Dependent: _____ (FURTHER REFERRED TO AS "DEPENDENT")

2. Dependent's Relationship to CCBC Student: _____

3. Dependent's Date of Birth: _____

4. Dependent lives primarily with (check all that apply):

- Student/Student's Spouse
Student's Parent(s)/Guardian(s)
Other (complete below):

FULL NAME: _____
RELATIONSHIP TO DEPENDENT: _____

5. ATTACH DATED PROOF OF CURRENT ADDRESS IF DEPENDENT IS OVER THE AGE OF 5

- Driver's license/State issued photo ID
Recent mail (NOT junk mail!) showing dependent's name and current address
Official records from professional contact (i.e. school, doctor's office, attorney, etc.)
Other: _____

6. Who provides the majority (over 50%) of the above-named dependent's support (check only ONE)?

- Student/Student's Spouse
Student's Parent(s)/Guardian(s)
Other (complete below):

FULL NAME: _____
RELATIONSHIP TO DEPENDENT: _____

7. When did the person named in Question 6 begin providing for this person's support? _____ / _____ / _____
Month / Year

Please allow at least 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates. All documents must be submitted by the last day of the semester. Financial aid awards are subject to change pending verification.



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Student Name: _____ CCBC ID: _____

8. How much **total** money do you estimate that the person listed in Question #6 will provide for this person's support **from July 1, 2019 through June 30, 2020?** Include the estimated dollar value of housing, food, medical expenses, etc.

\$ _____ TOTAL from 7/1/19 – 6/30/20

9. Briefly describe below where the above listed funds will come from (i.e. current employment, savings, state/federal benefits, etc.). **YOU MAY BE ASKED TO PROVIDE DOCUMENTATION**

<p>10. A. How much TOTAL financial support will the dependent provide for themselves? Include the estimated dollar value of housing, food, medical expenses, etc.</p>	<p>\$ _____ TOTAL from 7/1/19 – 6/30/20 Enter \$0 if the Dependent does not provide any support for themselves.</p>
<p>B. Where will these funds come from? Example: current employment, savings, state/federal benefits, etc.</p>	
<p>11. A. How much TOTAL financial support will be provided by anyone OTHER THAN THE PERSON LISTED IN QUESTION #6? Include the estimated dollar value of housing, food, medical expenses, etc.</p>	<p>\$ _____ TOTAL from 7/1/19 – 6/30/20 Enter \$0 if no one other than the person listed in Question #6 will provide support.</p>
<p>B. Who is providing these funds? Include names of individuals and their relationship to the dependent</p>	

Student's Signature

Date

Parent's Signature (**Dependent Students ONLY**)

Date

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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