2016 – 2017: 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, 2016 through June 30, 2017. 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 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? _______/_________

Allow 2-3 weeks for review. Check your SIMON account for status updates.
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, 2016 through June 30, 2017? Include the estimated dollar value of housing, food, medical expenses, etc.

$________________ per year

9. Briefly describe where the above listed funds will come from (i.e. current employment, savings, state/federal benefits, etc.).

YOU MAY BE ASKED TO PROVIDE DOCUMENTATION

| A. How much TOTAL financial support will the dependent provide for themselves? | $___________ TOTAL from 7/1/16 – 6/30/17
Enter $0 if the Dependent does not provide any support. |
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<td>Include the estimated dollar value of housing, food, medical expenses, etc.</td>
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<th>B. Where will these funds come from?</th>
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<td>Example: current employment, savings, state/federal benefits, etc.</td>
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| A. How much TOTAL financial support will be provided by anyone OTHER THAN THE PERSON LISTED IN QUESTION #6? | $___________ TOTAL from 7/1/16 – 6/30/17
Enter $0 if no one other than the person listed in Question #6 will provide support. |
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<td>Include the estimated dollar value of housing, food, medical expenses, etc.</td>
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<th>B. Who is providing these funds?</th>
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<td>Include names of individuals and their relationship to the dependent</td>
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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.