

2024 – 2025: Proof of Dependent Form (Dependent students)

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 who will provide **more than 50%** of his or her financial support between July 1, 2024 and June 30, 2025. Complete this form to identify if you are eligible to include a dependent in your household.

Student Name: _____ CCBC ID: _____

1. Check one of the following options:	<input type="checkbox"/> I am a DEPENDENT student, and my parent(s) have a financial dependent who is not my parent or sibling. COMPLETE THE BELOW	<input type="checkbox"/> I am an INDEPENDENT student, and I and/or my spouse have a financial dependent. COMPLETE THE REVERSE SIDE OF THIS FORM
2. Name of your parent(s) dependent:		
3. Dependent's relationship to CCBC student:		4. Dependent's date of birth:
5. Who does the dependent live with (check ALL that apply)?	<input type="checkbox"/> Myself (CCBC student) <input type="checkbox"/> CCBC student's parent(s) <input type="checkbox"/> Other:	
6. If the dependent is over the age of five, you must attach proof of address. What kind of proof are you attaching?	<input type="checkbox"/> Driver's license/State issued photo ID <input type="checkbox"/> Recent dated mail (NOT junk mail!) showing dependent's name and current address <input type="checkbox"/> Official records from professional contact (i.e. school, doctor's office, attorney, etc.) <input type="checkbox"/> Other: _____	
7. Do your parent(s) provide over 50% of the dependent's financial support?	<input type="checkbox"/> Yes (answer below) 7.a. When did your parent(s) begin providing for the dependent's support? _____ / _____ Month/Year	<input type="checkbox"/> No
8. Between July 1, 2024 and June 30, 2025, estimate the TOTAL dollar value of what your parent(s) will provide to the dependent for...		
8.a. HOUSING (total cost of housing divided by number living there)	\$ _____	yearly
8.b. FOOD	\$ _____	yearly
8.c. MEDICAL/HEALTHCARE	\$ _____	yearly
8.d. OTHER:	\$ _____	yearly
9. Where will the above listed (Question #8) funds come from? YOU MAY BE ASKED TO PROVIDE DOCUMENTATION	<input type="checkbox"/> State and/or Federal Benefits (List those benefits below): <input type="checkbox"/> Parent(s) current employment 1. _____ 2. _____ 3. _____ <input type="checkbox"/> OTHER (provide detail): _____	
10. Does the dependent have/provide any funds for THEIR OWN support?		
<input type="checkbox"/> Yes (answer below) 10.a. What is the estimated dollar value the dependent will provide for their own support between July 1, 2024 and June 30, 2025? \$ _____	<input type="checkbox"/> No	
11. Does anyone other than your parent(s) provide for the dependent's support?		
<input type="checkbox"/> Yes (answer below) 11.a. What is the estimated dollar value any/all others will provide for the dependent's support between July 1, 2024 and June 30, 2025? \$ _____	<input type="checkbox"/> No	
STUDENT SIGNATURE:	DATE:	
PARENT SIGNATURE:	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. 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.

