CCBC

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**Financial Aid Office**
**DEPEN2**

# 2026 – 2027: Proof of Dependent Form (Dependent students) *Please complete one form per dependent*

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, 2026 and June 30, 2027. Complete this form to identify if you are eligible to include a dependent in your household.

Student Name: _____ CCBC ID: 90_____

| | | |
|---|---|---|
| **1.** Check one of the following options: | ☐ I am a **DEPENDENT** student, and my parent(s) have a financial dependent who is not my parent or sibling. ***COMPLETE THE BELOW*** | ☐ 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)? | ☐ Myself (CCBC student) ☐ CCBC student's parent(s) ☐ Other: | |
| **6.** If the dependent is over the age of five, you must attach proof of address. What kind of proof are you attaching? | ☐ Driver's license/State issued photo ID<br>☐ Recent dated mail (***NOT** junk mail!*) showing dependent's name and current address<br>☐ Official records from professional contact (i.e. school, doctor's office, attorney, etc.)<br>☐ Other: _____ | |
| **7.** Do your parent(s) provide *over* 50% of the dependent's financial support? | ☐ Yes (answer below)<br>***7.a.** When did your parent(s) begin providing for the dependent's support?* _____ /_____ Month/Year | ☐ No |

**8.** Between July 1, 2026 and June 30, 2027, estimate the **TOTAL** dollar value of what your parent(s) will provide to the dependent for…

| | | |
|---|---|---|
| **8a**. HOUSING (*total cost of housing divided by number of people living there*) | **$** | **yearly** |
| **8b**. FOOD | **$** | **yearly** |
| **8c**. MEDICAL/HEALTHCARE | **$** | **yearly** |
| **8d**. OTHER: | **$** | **yearly** |

| | |
|---|---|
| **9.** Where will the above listed (Question #8) funds come from (check all that apply)? ***YOU MAY BE ASKED TO PROVIDE DOCUMENTATION*** | ❑ State and/or Federal Benefits (List those benefits below):<br>1.<br>2.<br>3.<br>❑ Parent(s)' current employment<br>❑ OTHER (provide detail): _____ |

**10.** Does the dependent have/provide any funds for *THEIR OWN* support?

| | |
|---|---|
| ☐ Yes (answer below)<br>**10a**. What is the estimated dollar value the dependent will provide for their own support between July 1, 2026 and June 30, 2027?<br>**$**_____ | ☐ No, the dependent does not provide for their own support. |

**11.** Does anyone *other than your parent(s)* provide for the dependent's support?

| | |
|---|---|
| ☒ Yes (answer below)<br>**11a**. What is the estimated dollar value *any/all others* will provide for the dependent's support between July 1, 2026 and June 30, 2027?<br>**$**_____ | ☐ No, no one else provides for the dependent's support |

| | |
|---|---|
| **STUDENT SIGNATURE:** | **DATE:** |
| **PARENT SIGNATURE:** | **DATE:** |

PRINT

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.

CCBC

PRINT

**Financial Aid Office**
**DEPEN2**

# 2026 – 2027: Proof of Dependent Form (Independent students)

*Please complete one form per dependent*

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, 2026 and June 30, 2027. Complete this form to identify if you are eligible to include a dependent in your household.

Student Name: _____ CCBC ID: 90

| | | |
|---|---|---|
| **1.** Check one of the following options: | ☐ I am an **INDEPENDENT** student and I and/or my spouse have a financial dependent. ***COMPLETE THE BELOW*** | ☐ I am a **DEPENDENT** student and my parent(s) have a financial dependent who is not my parent or sibling. ***COMPLETE THE REVERSE SIDE OF THIS FORM*** |
| **2.** Name of your/your spouse's dependent: | | |
| **3.** Dependent's relationship to CCBC student: | | **4.** Dependent's date of birth: |
| ↳ ***If dependent is CCBC student's child, attach birth certificate*** | | |
| **5.** Who does the dependent live with (check *ALL* that apply)? | ☐ Myself (CCBC student) ☐ CCBC student's parent(s) ☐ Other: | |
| **6.** If the dependent is over the age of five, you must attach proof of address. What kind of proof are you attaching? | ☐ Driver's license/State issued photo ID<br>☐ Recent dated mail (***NOT** junk mail!*) showing dependent's name and current address<br>☐ Official records from professional contact (i.e. school, doctor's office, attorney, etc.)<br>☐ Other: _____ | |
| **7.** Do you/your spouse provide *over* 50% of the dependent's financial support? | ☐ Yes (answer below)<br>***7.a**. When did you begin providing for the dependent's support?* _____/_____ Month/Year | ☐ No |

**8.** Between July 1, 2026 and June 30, 2027, estimate the **TOTAL** dollar value of what you/your spouse will provide to the dependent for…

| | | |
|---|---|---|
| **8a**. HOUSING (*total cost of housing divided by number of people living there*) | **$** | **yearly** |
| **8b**. FOOD | **$** | **yearly** |
| **8c**. MEDICAL/HEALTHCARE | **$** | **yearly** |
| **8d**. OTHER: | **$** | **yearly** |

**9.** Where will the above listed (Question #8) funds come from (check all that apply)? ***YOU MAY BE ASKED TO PROVIDE DOCUMENTATION***

☐ My/my spouse's current employment

☐ State and/or Federal Benefits (List those benefits below):
1.
2.
3.

☐ OTHER (provide detail): _____

**10.** Does the dependent have/provide any funds for *THEIR OWN* support?

☐ Yes (answer below)
**10a**. What is the estimated dollar value the dependent will provide for their own support between July 1, 2026 and June 30, 2027?
**$**_____

☐ No, the dependent does not provide for their own support.

**11.** Does anyone *other than you/your spouse* provide for the dependent's support?

☐ Yes (answer below)
11a. What is the estimated dollar value any/all others will provide for the dependent's support between July 1, 2026 and June 30, 2027?
**$**_____

☐ No, no one else provides for the dependent's support

**STUDENT SIGNATURE:** **DATE:** PRINT

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.