2014 - 2015 Support of Dependent(s) Form

This form is used to gather information from unmarried students who are under 24 years old to confirm dependents.

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security #</th>
<th>SCC7 Digit Student ID #</th>
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Phone # (Include Area Code)          Email Address

1. Please list the names and ages of YOUR dependents and their relationship to you.

Dependents are those people that you will support between July 1, 2014 and June 30, 2015. Include your children if they get MORE THAN HALF of their support from you or from specific support / benefits you receive FOR the children (such as child support payments or Social Services). Include other people only if they meet the following criteria:

1. They now live with you, and  
2. They now get more than half their support from you, and  
3. They will continue to get this support from you between July 1, 2014 and June 30, 2015.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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2. Where do the dependent(s) named above live?
   - [ ] With you (the student)  
   - [ ] With your (the student’s) parent(s)  
   - [ ] Other  

If “Other” is checked, please explain: ___________________________________________

3. You (the student) will live:  
   - [ ] With your parent(s)  
   - [ ] Other  

If “Other” is checked, please explain: ___________________________________________
4. Were you (the student) claimed by your parent(s) on their 2013 tax return?
   □ Yes
   □ No

5. Was your dependent claimed by anyone other than you (the student) on the 2013 tax return?
   □ No
   □ Yes
If yes, please list the name of that person and their relationship to you, the student.

Name: ________________________________

Relationship to you ________________________________

6. Please list the estimated total monthly expenses for your dependent(s).
   $ ______ per month for Housing
   $ ______ per month for Food
   $ ______ per month for Utilities
   $ ______ per month for Clothing
   $ ______ per month for Education/Daycare
   $ ______ per month for Medical/Dental
   $ ______ per month for Other: ________________________________
   $ ______ per month for Other: ________________________________

7. Please list all source(s) of your current income and/or support. (Examples include: wages, AFDC, child support, SSI, unemployment, etc.) Also, report the date you began working or the date you began receiving the benefit reported.
   $ ______ per month Source: ________________________________ Begin Date: ________________________________
   $ ______ per month Source: ________________________________ Begin Date: ________________________________
   $ ______ per month Source: ________________________________ Begin Date: ________________________________
   Do you receive WIC vouchers? ______
   Does your dependent(s) receive Medicaid/Medicare? ______

**CERTIFICATION:** Please sign here.
By signing this worksheet, I certify all the information reported is complete and correct. Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

________________________________________  ________________
Student Signature                          Date

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Note: Please allow six to eight weeks for processing. If we have any reason to believe that any information supplied on this document may not be accurate, we may require additional documentation. You will receive another email when your eligibility is determined.