



## 2023-2024 Proof of Dependents Form

Student Name: \_\_\_\_\_ CVCC Student ID: \_\_\_\_\_

You indicated on your Free Application for Federal Student Aid (FAFSA) you or your parent(s) provided more than half of the support (51%+) of a dependent, who will live with you/them fulltime for more than 6 months between July 1, 2023 and June 30, 2024. Support includes money, housing, clothes, medical/dental care, child care costs, and similar expenses. You must provide documentation to substantiate your claim of support.

### Instructions

List the names and ages of **your** legal dependent(s) and their relationship to you the student. You must attach legal documentation of their relationship to you (ex. birth certificate, legal guardianship).

Dependent	Name	Age	Relationship
1			
2			

Where do the dependent(s) named above live?

- With the student in the student's apartment or house (provide proof of residency)
- With the student's parent(s)
- Other: Provide a statement explaining your specific situation

You (the student) live with?

- With your parent(s)
- Other: Please provide proof residency

Were you (the student) claimed by your parent(s) on their 2021 tax return?  Yes  No

Were the dependent(s) named above claimed by anyone other than you (the student) on a 2021 tax return?  Yes  No  Not Born until 2023 (current year).

If yes above, please list the name of the person claiming the dependent and their relationship to you.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Did you claim your own personal exemption on the 2021 tax return?  Yes  No

Who will claim the dependent(s) on the 2023 tax form? Give the individuals name and relationship to the dependent.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Provide the following household monthly living expenses billed and paid in your name, or paid by someone other than you.**

*\*Do not leave any boxes blank. Indicate "0" if the expense does not apply.*

Monthly Expenses	You (the student)	Someone Other Than You
Childcare	\$	\$
Clothing	\$	\$
Food	\$	\$
Housing (mortgage, rent, other)	\$	\$
Medical	\$	\$
Transportation (insurance, gas, car payment)	\$	\$
Utilities (electricity, gas, water)	\$	\$

**Document how you support yourself and your dependent. Indicate your current monthly income and attached the required documentation for each source of income below. Indicate "0" for income not received.**

Income Source	Monthly Amount	Required Documentation
Wages	\$	Recent pay stub(s) from all employers
Unemployment	\$	Year-to-date statement of benefits
SSI	\$	Benefit verification letter
Temporary Assistance for Needy Families (TANF)	\$	Documentation from US Department of Health and Human Services
WIC / SNAP Benefits	\$	Documentation from US Department of Health and Human Services
Child Support (paid to you)	\$	Current documentation of child support received
Other	\$	Document verifying amount of income received

**Certification and Signature**

By signing this form, I certify that all information is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility may be jeopardized.

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**Signature(s) cannot be typed.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (Required for Dependent Student): \_\_\_\_\_ Date: \_\_\_\_\_