



**LEAVE NOTHING BLANK**

FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: \_\_\_\_\_ INITIAL: \_\_\_\_\_

C      D      E      OM

**Financial Aid Office  
DEPEND**

**2021 – 2022: 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 who will provide **more than 50%** of his or her financial support between July 1, 2021 and June 30, 2022. 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: \_\_\_\_\_

<p><b>1. First and Last Name of Dependent:</b></p>	<p>_____</p> <p style="text-align: center;">(FURTHER REFERRED TO AS “DEPENDENT”)</p>
<p><b>2. Dependent’s Relationship to CCBC Student:</b></p>	<p>_____</p>
<p><b>3. Dependent’s Date of Birth:</b></p>	<p>_____</p>
<p><b>4. Dependent lives primarily with...</b>  <input checked="" type="checkbox"/> (check <b>ALL</b> that apply):</p>	<p><input type="checkbox"/> Student and/or Student’s Spouse</p> <p><input type="checkbox"/> Student’s Parent(s)/Guardian(s)</p> <p><input type="checkbox"/> Other: <b>FULL NAME:</b> _____</p> <p style="margin-left: 40px;">↳</p> <p style="margin-left: 40px;"><b>RELATIONSHIP TO DEPENDENT:</b> _____</p>
<p><b>5.  ATTACH DATED PROOF OF CURRENT ADDRESS IF DEPENDENT IS OVER THE AGE OF 5</b></p>	
<p style="text-align: center;">↓</p> <p>What kind of proof of address are you including?</p>	<p><input type="checkbox"/> Driver’s license/State issued photo ID</p> <p><input type="checkbox"/> Recent mail (<b>NOT junk mail!</b>) showing dependent’s name and current address</p> <p><input type="checkbox"/> Official records from professional contact (i.e. school, doctor’s office, attorney, etc.)</p> <p><input type="checkbox"/> Other:</p>
<p><b>6. Who provides the majority (over 50%) of the above-named dependent’s support?</b>  <input checked="" type="checkbox"/> (check <b>only ONE</b>):</p>	<p><input type="checkbox"/> Student and/or Student’s Spouse</p> <p><input type="checkbox"/> Student’s Parent(s)/Guardian(s)</p> <p><input type="checkbox"/> Other: <b>FULL NAME:</b> _____</p> <p style="margin-left: 40px;">↳</p> <p style="margin-left: 40px;"><b>RELATIONSHIP TO DEPENDENT:</b> _____</p>
<p><b>7. When did the person named in Question 6 begin providing for the dependent’s support?</b></p>	<p style="text-align: center;">_____ / _____</p> <p style="text-align: center;">Month / Year</p>

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.



Student Name: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

Financial Aid Office  
DEPEND

Name of dependent  
(from Question #1) \_\_\_\_\_

<p>8. How much <b>total</b> money do you <i>estimate</i> that <u>the above person</u> (Question #6) will provide for this person's support <b>from July 1, 2021 through June 30, 2022?</b> <i>Include the <u>estimated</u> dollar value of housing, food, medical expenses, etc.</i></p>	<p>\$ _____ TOTAL from 7/1/21 – 6/30/22</p>
<p>9. <i>Briefly describe below</i> where the above listed funds (Question #8) will come from (e.g. current employment, savings, state/federal benefits, etc.). <b><u>YOU MAY BE ASKED TO PROVIDE DOCUMENTATION:</u></b></p>	
<p>10. <b>A.</b> How much TOTAL financial support will <b>the dependent provide for themselves?</b></p> <p><i>Include the <u>estimated</u> dollar value of housing, food, medical expenses, etc.</i></p>	<p>\$ _____ TOTAL from 7/1/21 – 6/30/22</p> <p><i>Enter \$0 if the Dependent does not provide any support for themselves.</i></p>
<p><b>B.</b> Where will these funds come from?</p> <p><b>Example:</b> current employment, savings, state/federal benefits, etc.</p>	
<p>11. <b>A.</b> How much TOTAL financial support will be provided by <b>anyone else</b> (OTHER THAN THE PERSON LISTED IN QUESTION #6)?</p> <p><i>Include the <u>estimated</u> dollar value of housing, food, medical expenses, etc.</i></p>	<p>\$ _____ TOTAL from 7/1/21 – 6/30/22</p> <p><i>Enter \$0 if no one other than the person listed in Question #6 will provide support</i></p>
<p><b>B.</b> Who is providing these funds?</p> <p><i>Include names of individuals and their relationship to the dependent</i></p>	

\_\_\_\_\_  
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.**

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.