

2018-2019 Independent Because (Proof of Dependents) Form

Student's Name: _____ SSN or SID: _____

This form is used to gather information to determine whether an otherwise dependent student is independent based on the support s/he provides during the 18/19 academic year for a child or other dependent.

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

Dependents are those people you will support *more than* 50% between July 1st of the current year and June 30th of the upcoming year. Include your children if they receive **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria: 2018 – 2019 (July 1, 2018 – June 30, 2019/ Calendar & Tax Year 2017)

1. They now live with you, **and**
2. They now receive more than half of their support from you, **and**
3. They will continue to receive this support from you through June of the upcoming year.

If the dependent(s) is/are your child(ren), please provide a copy of the birth certificate(s).

Name	Age	Relationship

Where are the dependent(s) named above currently living?

- with me (the student) with my parent(s)
 with my child's other parent other _____

Where do you (the student) live?

- with my parent(s)
 by myself in my own house, apt, condo, etc.
 with my child's other parent
 other (with friends, significant other, family members other than parent, in a shelter or halfway house, hotel, homeless, etc.) _____

Were you (the student) claimed by your parent(s) or anyone else on their tax return for the last year?

- Yes No

Were the dependent(s) claimed by anyone other than you (the student) on last year's tax return?

- Yes No My dependent was not born yet.

If yes, please list the name of the person who claimed the dependent and their relationship to you:

Name: _____ Relationship: _____

Household Information		
Monthly Expense	Amount	Household Data
Rent/Mortgage	\$ _____	Name of person who pays rent/utilities _____
Electric Bill	\$ _____	
Gas Bill	\$ _____	How many people live in the home? (include yourself) _____
Water Bill	\$ _____	
Total Monthly Expenses	\$ _____	<i>This Section for Financial Aid Use Only</i>
TM Expenses / number in home x 1.51 =	\$ _____	

OVER

Monthly Income Information	
Types of Income	Monthly Amount
Student wages (provide copies of pay stubs from all jobs held in 2018*)	\$
Child Support Received (whether voluntary or court ordered - provide documentation*)	\$
Unemployment (provide documentation*)	\$
Social Security Benefits (provide documentation*)	\$
Other (please indicate type) _____ (documentation may be required*)	\$

Check **all** sources of other benefit income **you** receive and provide supporting documentation for the items with an asterisk (*) behind them:

- | | | |
|--|---|--|
| <input type="checkbox"/> 2017 W2* | <input type="checkbox"/> Medicaid* | <input type="checkbox"/> SNAP/Food Stamps* |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Military Housing | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> TANF/Workfirst | |

Does your dependent(s) receive any earnings or benefits? Check all that apply:

- Social Security:** monthly amount: \$ _____
- VA benefits:** monthly amount: \$ _____ **Other:** _____
- My dependents received no benefits.**

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

By providing your signature, you are certifying that all the information on this form is complete and correct. You are also authorizing Gaston College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Signature of Student: _____ Date: _____



Submit this worksheet to the Financial Aid Office at:
 Gaston College
 201 Highway 321 South
 Dallas, NC 28034
 Fax: (704) 922-2345