



Serving Richmond and Scotland Counties

Return to: Financial Aid Office, Richmond Community College, P.O. Box 1189, Hamlet, NC 28345
Phone 910.410.1726 FAX 910.582.7102

2019-2020 Independent Because (Proof of Dependents) Form

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

Student's Name _____

Student's ID Number: _____ SSN: _____

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 the people only if they meet the following criteria: **2019-2020 (July 1, 2019-June 30, 2020 / 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 30th of the upcoming year.

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: _____

What child care provisions have been made while the student is attending classes?

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 (ex: 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) on their tax return for the previous year?

- Yes No

Was the dependent claimed by anyone other than you (the student) on your previous year 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 Household Expenses	Monthly Total Household Bills	Household Data
Rent/Mortgage	\$	Name of Homeowner (write answer below)
Electric Bill	\$	
Gas Bill	\$	How many people live in the home? (include yourself)
Water Bill	\$	
Total Monthly Expenses	\$	This Section for Financial Aid Use Only
TM Expenses ÷ number in home × 1.51 = \$		

Monthly Income Information	
Type of Income	Monthly Amount
Student Wages (provide most recent pay stub)	\$
Child Support Received (whether voluntary or court ordered)	\$
Unemployment	\$
Social Security Benefits	\$
Other (indicate type) _____ (documentation may be requested)	\$

Check all sources of other benefit income you receive:

- Medicaid TANF/WorkFirst SNAP/Food Stamps
 Section 8 Housing Utilicheck WIC
 Child Care Assistance Other (indicate type): _____

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

- My dependent receives no benefits and is not employed.
 Wages: amount: \$_____ per _____ Retirement: monthly amt: \$ _____
 Welfare benefits: type: _____ VA benefits: month amt: \$ _____
 Social Security: monthly amt: \$ _____ Other: _____

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student's Signature (Required) _____ Date _____

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