



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

## 2020-2021 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 1<sup>st</sup> of the current year and June 30<sup>th</sup> 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: **2020-2021 (July 1, 2020-June 30, 2021 / Tax Year 2018)**

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 30<sup>th</sup> 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'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 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: \_\_\_\_\_

### Certification and Signature

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file.

You also certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

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 \_\_\_\_\_