



Serving Richmond and Scotland Counties

Return to: Financial Aid Office, Richmond Community College
 Phone: 910.410.1726 Email: financialaid@richmondcc.edu

2023-2024 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: _____

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: 2023-2024 (July 1, 2023-June 30, 2024 / Tax Year 2021)

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?

- | | |
|---|--|
| <input type="checkbox"/> with me (the student) | <input type="checkbox"/> with my parent(s) |
| <input type="checkbox"/> with my child's other parent | <input type="checkbox"/> 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 (ex: with friends, significant other, family members other than parent, in a shelter or halfway house, hotel, homeless, etc) _____

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	\$
Unemployment	\$
Social Security Benefits	\$
Other (indicate type) _____ (documentation may be requested)	\$

Check all sources of other benefit income you receive:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TANF/WorkFirst | <input type="checkbox"/> SNAP/Food Stamps |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Utilicheck | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Other (indicate type): _____ | |

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

- | | |
|--|--|
| <input type="checkbox"/> My dependent receives <u>no</u> benefits and is not employed. | |
| <input type="checkbox"/> Wages: amount: \$ _____ per _____ | <input type="checkbox"/> Retirement: monthly amt: \$ _____ |
| <input type="checkbox"/> Welfare benefits: type: _____ | <input type="checkbox"/> VA benefits: month amt: \$ _____ |
| <input type="checkbox"/> Social Security: monthly amt: \$ _____ | <input type="checkbox"/> 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 student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge.

Student's Signature (Required) _____ Date: _____

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