



## 2022-2023 Proof of Dependents Form

Student Name: \_\_\_\_\_ CVCC ID: \_\_\_\_\_

You indicated on your Free Application for Federal Student Aid (FAFSA) you or your parent(s) provided more than half of the support (51%+) of a dependent, who will live with you/them fulltime for more than 6 months between July 1, 2022 and June 30, 2023. Support includes money, housing, clothes, medical/dental care, child care costs, and similar expenses. You must provide documentation to substantiate your claim of support.

### Instructions

List the names and ages of **your** legal dependent(s) and their relationship to you the student. You must attach legal documentation of their relationship to you (birth certificate, legal guardianship).

Dependent	Name	Age	Relationship
1			
2			

Where do the dependent(s) named above live?

- With the student in the student's apartment or house (provide proof of residency)
- With the student's parent(s)
- Other: Provide a statement explaining your specific situation

You (the student) live with?

- With your parent(s)
- Other: Please provide proof residency

Provide a statement of child care provisions you have made for your dependent(s) while you are in class. \_\_\_\_\_

\_\_\_\_\_

Were you (the student) claimed by your parent(s) on their 2020 tax return?  Yes  No

Were the dependent(s) named above claimed by anyone other than you (the student) on a 2020 tax return?  Yes  No  Not Born until 2022 (current year).

If yes above, please list the name of the person claiming the dependent and their relationship to you.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Did you claim your own personal exemption on the 2020 tax return?  Yes  No

\_\_\_\_\_

Who will claim the dependent(s) on the 2022 tax form? Give the individuals name and relationship to the dependent.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you currently receive Temporary Assistance for Needy Families (TANF)? If, yes attach documentation.  Yes  No

Do you currently receive court ordered child support? If yes, attach documentation.  Yes  No

**List monthly expenses you incur for yourself and your dependent(s):**

Monthly Expenses	You (the student)	Dependent(s)
Food	\$	\$
Clothing	\$	\$
Medical	\$	\$
Childcare	\$	\$
Transportation	\$	\$
Utilities	\$	\$
Housing	\$	\$

**List the total of monthly income/support received by the student:**

Monthly income/support	You (the student)
Year to Date paystub	\$
Work First (TANF)	\$
WIC	\$
Child Support (paid to you)	\$
Bills in your name (paid by someone other than you)	\$
In-kind gifts	\$

**Certification and Signature**

By signing this form, I certify that all information is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility may be jeopardized.

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for Dependent student)