

## 2024-2025 Proof of Dependent(s) Form

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

CVCC Student 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 full-time for more than 6 months between July 1, 2024 and June 30, 2025. 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 (ex. 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

Were you (the student) claimed by your parent(s) on their 2022 tax return? ☐ Yes ☐ No

Were the dependent(s) named above claimed by anyone other than you (the student) on a 2022 tax return? ☐ Yes ☐ No ☐ Not Born until 2024 (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 2022 tax return? ☐ Yes ☐ No

Who will claim the dependent(s) on the 2024 tax form? Give the individuals name and relationship to the dependent.

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

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

**Provide the following household monthly living expenses billed and paid in your name, or paid by someone other than you.**

*\*Do not leave any boxes blank. Indicate "0" if the expense does not apply.*

Monthly Expenses	You (the student)	Someone Other Than You
Childcare	\$	\$
Clothing	\$	\$
Food	\$	\$
Housing (mortgage, rent, other)	\$	\$
Medical	\$	\$
Transportation (insurance, gas, car payment)	\$	\$
Utilities (electricity, gas, water)	\$	\$

**Document how you support yourself and your dependent. Indicate your current monthly income and attached the required documentation for each source of income below. Indicate "0" for income not received.**

Income Source	Monthly Amount	Required Documentation
Wages	\$	Recent pay stub(s) from all employers
Unemployment	\$	Year-to-date statement of benefits
SSI	\$	Benefit verification letter
Temporary Assistance for Needy Families (TANF)	\$	Documentation from US Department of Health and Human Services
WIC / SNAP Benefits	\$	Documentation from US Department of Health and Human Services
Child Support (paid to you)	\$	Current documentation of child support received
Other	\$	Document verifying amount of income received

## 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.

**Signature(s) cannot be typed.**

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

Date: \_\_\_\_\_

Parent's Signature (Required for Dependent Student): \_\_\_\_\_ Date: \_\_\_\_\_