Name: ___________________________  ID: ________________________

You have indicated on your FAFSA or verification worksheet that you are supporting dependent(s) who will receive more than 50% of their support from you between July 1, 2015 and June 30, 2016. You must clearly demonstrate how you support yourself and provide their support. Support includes money, housing, food, clothes, medical care, and similar expenses.

NOTE: If you did not provide more than 50% of your dependents support and you are under the age of 24, your parent’s information must be on your FAFSA. Please provide parental information (taxes and date of birth).

To document how you are providing more than 50% of support for yourself and your dependent, you must provide at least two of the documents listed below. If you do not have any income, you must provide at least two of the documents listed below.

1. A copy of the Child’s birth certificate.
2. A lease or housing agreement in your name.
3. Copies of utility bills in your name.
4. Proof of child support received.

1. Please list the following information concerning your dependents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Does the child live with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. Does anyone besides yourself provide financial support for your child? □ Yes □ No
   *If your answer is yes, please tell us what type of support they provide (clothing, food, medical care.)

<table>
<thead>
<tr>
<th>Person providing support</th>
<th>Type of support provided (food, clothing, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Was your dependent claimed by anyone other than you (the student) or your parent / guardian on the 2014 Federal tax return? □ Yes □ No  If yes, please list the name of that person and their relationship to you.

   Name: ___________________________ Relationship: ___________________________

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined $10,000, sent to prison or both.

Student’s Signature: ___________________________ Date: _______________________

Parent’s Signature: ___________________________ Date: _______________________

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349