2014 – 2015

Proof of Dependent Support Form

Name: ___________________________________________  ID: ________________

Dependent Support Information provided by: □ Student  □ Student’s Parent(s)

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, 2012 and June 30, 2013. 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 are unable to meet the support test and you are under the age of 24, you must add your parent’s information on your FAFSA at www.fafsa.gov. Please contact the Financial Aid office three to five business days after your corrections have been submitted.

To demonstrate how you are supporting yourself and how you are paying more than 50% of the cost of supporting the dependent(s), you must provide a document of your current source of income (ex. current paystub), and least one of the documents listed below. If you do not work, 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.
5. Copy of Work First or other federal subsidized programs in your name.
6. A copy of your 2013 federal tax return transcript showing you claimed the dependent(s).

1. Please list the names and ages of your dependents and their relationship to you.
   Name  Age  Relationship

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

2. Where do the dependent(s) named above live? In cases of legal guardianship, provide documentation.
   □ With the student  □ With the student’s parent(s)  □ Other (please explain below)

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

   ___________________________________________________________________________

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349
3. Do your parents 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.)
   
   _________________________________________________________________
   _________________________________________________________________

4. Were you claimed by your parent(s) / guardian on their 2013 Federal tax return? □ Yes □ No
   (If yes, provide parent / guardian federal tax return transcript)

5. Was your dependent claimed by anyone other than you (the student) or your parent / guardian on the 2013 Federal tax return? □ Yes □ No

   If yes, please list the name of that person and their relationship to you.
   Name: ____________________________ Relationship: ____________________________
   _________________________________________________________________
   _________________________________________________________________

****************************************************************************** You must sign this form in the presence of a notary. ******************************************************************************

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: _______________________ 

Subscribed and sworn before me this _______ day of __________________________, 20______.

Notary Signature: ____________________________________________

Print Notary Name: ____________________________________________ NOTARY SEAL

County: ____________ State: ________________________________________

My commission expires: ____________________________________________

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