

Wayne Community College

2011-2012 Proof of Dependent(s)

Your status as an independent student for financial aid purposes is based solely on your response to Question #50 or #51 on the Free Application for Federal Student Aid (FAFSA). You indicated that you have a child (or other dependents) who will receive more than half of their support from you between July 1, 2011 and June 30, 2012. Complete this form and attach applicable documentation (*i.e. birth certificate, legal guardianship documents, etc.*) to support your claim. The Financial Aid Office will review your information to determine if you qualify as an independent student.

Student Name: _____ Student ID/SSN: _____

A. Dependent Information

Include your children if they receive **MORE THAN HALF** of their support from you. Include other people *only* if they meet the following criteria:

- 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 30, 2012

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs and similar expenses. You must provide documentation, such as receipts, to substantiate your claim of support for people other than your children.

Name	Age	Relationship to You

B. Support

- 1) Where are you currently living?
 - Own home
 - With parent(s)
 - Other _____
- 2) Where is your child (or other dependent) currently living?
 - With the student
 - With the student's parent(s)
 - Other: _____
- 3) Do you pay childcare costs for your child (or other dependent)? Yes \$ _____/month
 If yes, who do you pay? _____ No
- 4) Do you provide medical coverage for your child (or other dependent)? Yes
 If yes, provide a copy of the medical card No
 If no, who provides medical coverage? _____
- 5) Do you receive child support for your child (or other dependent)? Yes \$ _____/month
 If yes, submit supporting documentation No
- 6) Do you pay child support for your child (or other dependent)? Yes \$ _____/month
 If yes, submit supporting documentation No
- 7) Are you currently employed? Yes
 If yes, submit a copy of your most recent pay stub No
- 8) Do any of your (or your dependent's) relatives provide financial support? Yes \$ _____/month
 If yes, who provides the support? _____ No

Continued on Reverse

- 9) Do you or your child (or other dependents) receive any other type of assistance or benefits? (*ex. Social security, retirement, welfare, etc.*) Yes \$ _____/month
 No
 If yes, who receives the assistance? _____
 Type of Assistance: _____
- 10) Did someone else claim you as a dependent on their 2010 Federal tax return? Yes
 No
 If yes, who claimed you? _____
- 11) Did someone else claim your child (or other dependent) on their 2010 Federal tax return? If yes, who claimed the dependent? _____ Yes
 No
- 12) Will you claim yourself on your 2011 Federal tax return? Yes
 No
 If no, explain why?

- 13) Will you claim your child (or other dependent) on your 2011 Federal tax return? Yes
 No
 If no, explain why?

C. Additional Information

Use this space to provide any other examples of how you provide the basic necessities (food, clothing, personal items, etc.) for your child (or other dependent):

D. Certification

I hereby certify that all information contained in this document, including supporting documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, I may be fined, imprisoned or both.

Student Signature: _____

Date: _____

E. Retraction

After reviewing this form, I have determined that I do not provide more than half of the support for my child (or other dependents) and should be considered a dependent student. I will correct my FAFSA to reflect this change in dependency status. I understand that I must provide parent information including name, date of birth, social security number and 2010 income information for at least one parent.

Student Signature: _____

Date: _____

**** Incomplete information or missing documentation WILL delay processing your request for financial aid ****

RETURN THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Wayne Community College
 Financial Aid Office
 PO Box 8002
 Goldsboro, NC 27533-8002
 Fax: 919-736-9425