

Wayne Community College

2015-2016 Proof of Dependent(s)

Your status as an independent student for financial aid purposes is based solely on your response to Question #51 or #52 on the FAFSA. You indicated that you have a child (*or other dependent*) who will receive more than half of their support from you between July 1, 2015 and June 30, 2016. We require verification of this status. Complete this form and submit any applicable documentation to our office. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

Student Name: _____

WCC ID #: _____

E-mail Address: _____

A. Dependent Information

In the space below, list your qualified dependent(s). Include your children if they receive **MORE THAN HALF** of their support from you, even if they do not live with you. Include other people only if they meet all of the following criteria:

- 1) They currently live with you; **AND**
- 2) They currently receive MORE THAN HALF of their support from you; **AND**
- 3) They will continue to receive this support from you through June 30, 2016.

*** Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses. You may be required to provide receipts to support your claim of people other than your children.**

Dependent's Name	Age	Relationship to You

IF THE LISTED DEPENDENT IS YOUR CHILD, YOU MUST SUBMIT A COPY OF THE CHILD'S BIRTH CERTIFICATE.

Did you claim the above name dependent(s) on your 2014 Federal Tax Return?

YES

NO

If **YES**, provide a signed copy of your 2014 IRS Tax Return Transcript, available at www.irs.gov (see *How to Obtain a Tax Return Transcript*)

Are you the custodial parent?

YES

NO

If **NO**, submit a notarized statement from the custodial parent confirming your contribution of more than half of the dependent's support.

Is the dependent an unborn child that is due between July 1, 2015 and June 30, 2016?

YES

NO

If **YES**, submit a statement from your doctor indicating the due date **AND** a written statement that indicates your intended support of your dependent as described in section B.

B. Support Provided

1) Where are you currently living?

Own Home

Rent/Public Housing

With your parent(s)

Other: _____

Submit a copy of your rental/lease agreement or other documents confirming housing in your name

If other, please specify name and relationship

2) Does your dependent live with you?

YES

NO

If **NO**, where does your dependent live?

3) Do you pay childcare costs for your dependent(s)?

YES

NO

Amount Paid \$ _____/month

If **YES**, receipts may be required

→Continued on Reverse

- 4) Do you provide medical coverage (*including Medicaid*) for your dependent? YES NO If **YES**, submit a copy of the medical card
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- 5) Do you **RECEIVE** child support for your dependent? YES NO If **YES**, how much did you receive in 2014? \$ _____
How much do you expect to receive in 2015? \$ _____
-
- 6) Do you **PAY** child support for your dependent? YES NO If **YES**, how much did you pay in 2014? \$ _____
How much do you expect to pay in 2015? \$ _____
-
- 7) Are you currently employed? YES NO If **YES**, submit a copy of your most recent pay stub showing year to date earnings
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- 8) Do any of your (*or your dependent's*) relatives provide financial support? YES NO If **YES**, how much support did you receive in 2014? \$ _____ per _____
If **YES**, Name of relative: _____
Relationship to you/your dependent: _____
-
- 9) Do you (*or your dependent*) receive any other type of assistance or income? (ex. SNAP, TANF, WIC, SSI, etc.) YES NO If **YES**, indicate type and amount:
Type: _____ Amt. \$ _____
Type: _____ Amt. \$ _____
Type: _____ Amt. \$ _____
-
- 10) Did someone else claim you **OR** your dependent on their 2014 Federal Tax Return? YES NO If **YES**,
Name: _____
Relationship: _____
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- 11) Will someone else claim you **OR** your dependent on their 2015 Federal Tax Return? YES NO If **YES**,
Name: _____
Relationship: _____

C. Additional Information

Use the space below to provide any other examples of how you provide the basic necessities (*food, shelter, clothing, personal items, etc.*) for your dependent(s). If additional space is needed, please use a separate sheet of paper.

D. Certification

I certify that all information reported on this form and any supporting documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally provided false or fraudulent statements and/or documentation, I may be fined, imprisoned or both.

Student Signature: _____ **Date:** _____

RETURN THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

**Wayne Community College
Financial Aid Office
PO Box 8002
Goldsboro, NC 27533
FAX: 919-736-9425
EMAIL: wcc-finaid@waynecc.edu**