

Wayne Community College

2014-2015 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 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, 2014 and June 30, 2015. We require verification of this status. Complete this form and submit any applicable documentation to our office.

Student Name: _____

WCC ID #: _____

E-mail Address: _____

A. Dependent Information

List your qualified dependent(s). Include your children if they receive **MORE THAN HALF** of their support from 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, 2015.

**** Support includes, but is not limited to, money, housing, food, clothing, medical and 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.**

If the listed dependent is your child, you must submit a copy of the child's birth certificate.

Name	Age	Relationship to You

Did you claim the above name dependent(s) on your 2013 Federal Tax Return?

- Yes If yes, provide a signed copy of your 2013 IRS Tax Return Transcript, available at www.irs.gov
 No

Are you the custodial parent?

- Yes If no, submit a notarized statement from the custodial parent confirming your contribution of more than half of the dependent's support.
 No

Is the dependent an unborn child that is due between July 1, 2014 and June 30, 2015?

- Yes 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.
 No

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 Amount Paid \$ _____/month
If yes, receipts may be required
 No

- 4) Do you provide medical coverage (*including Medicaid*) for your dependent? Yes If yes, submit a copy of the medical card
 No
-
- 5) Do you receive child support for your dependent? Yes If yes, how much did you receive in 2013?
 No \$ _____
How much will you receive in 2014?
\$ _____
-
- 6) Do you pay child support for your dependent? Yes If yes, how much did you pay in 2013?
 No \$ _____
How much will you pay in 2014?
\$ _____
-
- 7) Are you currently employed? Yes If yes, submit a copy of your most recent pay
 No stub showing year to date earnings
-
- 8) Do any of your or your dependents relatives provide financial support? Yes If yes, how much support did you receive in
 No 2013? \$ _____ per _____
If yes, Name of relative: _____
Relationship: _____
-
- 9) Do you or your dependent receive any other type of assistance? (ex. SNAP, TANF, WIC, SSI, etc.) Yes If yes, indicate type and amount:
 No Type: _____ Amt. \$ _____
Type: _____ Amt. \$ _____
Type: _____ Amt. \$ _____
-
- 10) Did someone else claim you or your dependent on their 2013 Federal tax return? Yes If yes,
 No Name: _____
Relationship: _____
-
- 11) Will someone else claim you or your dependent on their 2014 Federal Tax return? Yes If yes,
 No Name: _____
Relationship: _____

C. Additional Information

Use the space below to provide additional 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 contained in this document, including 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: _____

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

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**