

Proof of Dependent Form

2020-2021

Please read each section carefully and answer ALL questions completely. Also attach supporting documentation. DO NOT LEAVE ANY BLANKS.

Student Name: _____ Social Security # _____
Address: _____
City: _____ State: _____ Zip code: _____

Student Section	Claiming dependents under your name
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1. Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc...).

Dependents are those people that you will support between July 1, 2020 and June 30, 2021. Include your children if they get **more than half** of their support from you. Include other people only if they meet the following criteria:

- A. they now live with you, and
- B. they get more than half of their support from you, and
- C. they will continue to get this support from you between July 1, 2020 and June 30, 2021.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Where do the dependent(s) named above live?

With the student With the student's parent(s) Other

If *Other* is checked, please explain: _____

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3. What child care provisions have you made for while you are in class? _____

4. You the student will live: With your parent(s) Other

If Other, please explain: _____

5. Were you the student claimed by your parent(s) on their 2018 tax return?
 Yes No

6. Was your dependent claimed by anyone other than you (the student) on the 2018 federal tax return?
 Yes No

7. Please list **All** sources of your support. You must attach supporting documents (e.g., copies of most recent pay stubs, TANF check, cancelled checks, or proof of child support received, WIC program eligibility notice).

Parent Section	Parents who are claiming dependents other than their own child(ren)
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1. Please list the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc...).

Dependents are those people that you will support between July 1, 2020 and June 30, 2021. Include your children if they get **more than half** of their support from you. Include other people only if they meet the following criteria:

- A. they now live with you, and
- B. they get more than half of their support from you, and
- C. they will continue to get this support from you between July 1, 2020 and June 30, 2021.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please provide a written statement detailing how it is that you provide over 50% of their support.

