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**2018-19**

**Proof of Dependent Support**

**Return in person, via fax 518.743.2314 or email finaidoffice@sunyacc.edu.**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID 500\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please Print)**

**In order to verify your status as an independent student for financial aid purposes, we must collect this information from students under 24 years of age who have answered YES to one or both of the FAFSA questions reporting that you provide more than half the financial support for children or other legal dependents.**

**Part 1: Please answer the following questions.**

|  |  |  |
| --- | --- | --- |
| **Do your dependents live with you?**  | Yes | No |
| **Can you provide proof that you contribute over 50% of their financial support?** | Yes | No |
| **Do you and/or your dependents live with your parent(s)?** | Yes | No |
| **Do your dependents have their own source(s) of income such as work, unemployment, child support, social security or other source(s)? If yes, you must list the amount of each dependent(s) income and source(s) of income on page 2 of this form.**  | Yes | No |

 **Part 2: Not including yourself, please list the names of all the people you live with. Additional people in your household may be listed at the bottom of page 2 of this form, if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Is this person your dependent?** | **Relationship to you** | **Will you provide more than half of their financial support from 7/1/18 through 6/30/19?** |
| 1 | *Yes No* |  | *Yes No* |
| 2 | *Yes No* |   | *Yes No* |
| 3 | *Yes No* |  | *Yes No* |
| 4 | *Yes No* |  | *Yes No* |
| 5 | *Yes No* |  | *Yes No* |
| 6 | *Yes No* |   | *Yes No* |

**Part 3: Please list all of your household’s expenses each month.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Monthly Amount Paid** | **How much are you responsible for?** | **Who pays the rest?**  |
| **Housing** (rent or mortgage) | $ | $ |   |
| **Utilities** (electricity, gas, water) | $ | $ |   |
| **Transportation** (car loan, insurance, gas, etc) | $ | $ |   |
| **Food** | $ | $ |  |
| **Medical/Dental** | $ | $ |   |
| **Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | $ | $ |   |
| **TOTAL MONTHLY EXPENSES\*\*** | $ | $ |   |

**Part 4: Please list all income in your household and indicate who receives it each month.**

|  |  |  |
| --- | --- | --- |
| **Source of Income** | **Name of Recipient(s)**  | **Monthly Amount** |
| *Example: Social Security* | *Eddy Rondack* | *$800*  |
| **Employment (wages)** |  | **$**  |
| **Unemployment Benefits** |  | **$**  |
| **Social Security/Disability** |  | **$**  |
| **SNAP (food stamps)** |  | **$**  |
| **Welfare, TANF, Public Assistance, WIC** |  | **$**  |
| **Child Support Received for all Children** |  | **$**  |
| **Workers' Compensation** |  | **$**  |
| **Bills paid by someone else on your behalf** |  | **$**  |
| **Cash or gifts paid by others** |  | **$**  |
| **Other Income (please specify)** |  | **$**  |
| **TOTAL MONTHLY INCOME\*\*** |  | **$** |

**By signing this worksheet I certify that the above information is true and is a complete representation of my financial status. I agree to provide supporting documentation to verify such, if requested.**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Space for additional notes/comments, if needed:**

For office use only:

Total number of household members: \_\_\_\_

Expense per household member: \_\_\_\_

Student income: \_\_\_\_\_

50% threshold met? Y / N