

2015-2016 Proof of Dependent Form

Last Name	First Name	MI	SWC ID Number	Date of Birth
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Dependency Status: ☐ Independent ☐ Dependent

****If you are an Independent student, you should complete this form. If you are a dependent student this form should be completed by your parent (s).**

This form is used to explain how a student (if the student is independent) or a student's parent (if student is dependent) provides more than half their support for a particular dependent listed on the 2015-2016 Verification Worksheet. Support includes, but is not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. Please do not leave any blanks.

If this form is not completed, the dependent (s) in question cannot be counted as a household member. If you have listed this person as a household member in error or you realize you do not provide more than half their support to this person please declare this at the bottom of the form.

Dependent (s) Information:

List below information regarding dependent (s) for which you (if independent) or your parent (s) (if dependent) will provide more than half the support from July 1, 2015, through June 30, 2016. **Support can be in the form of income, housing, food, medical/dental care, childcare, state/federal programs such as WIC, TANF, SNAP, and Social Security benefits or from child support received. Note: Do not include Foster Youth living in your household.**

Name of Dependent	Age	Relationship to you	Monthly source of support
Joe Smith (example)	32	Cousin	\$800 Housing \$200 Food \$100 Transportation \$50 Medical

Where do the dependent (s) named above live?

_____ With the Student _____ With the Student's parent (s)

_____ Other (name/relationship to dependent): _____

Last Name _____

SWC ID Number _____

Please list the resources of the dependent (s) in question. Resources include current or projected income or benefits of the dependent (s) for the time between July 1, 2015 and June 30, 2016:

Note: If an item does not apply to the dependent enter "0".

Name of Dependent	Annual Income (wages, benefits, ETC.)	Savings Account/Investments	Other	Total Amount
Joe Smith (example)	Wages \$100	\$0	WIC	\$100
				\$
				\$
				\$
				\$

Please explain the living situation for the dependent (s) in question:

Certification Statement

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction or withdrawal of financial aid. **Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail or both.**

Student Signature (if independent)

Date

Parent Signature (if dependent)

Date

After reviewing this form, I have determined that I do not provide more than half of the support for the dependent (s) in question. He/she should not be considered a household member (s).

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Do not mail this form to the U.S. Department of Education. Submit this form to the Financial Aid Office at Southwestern College. You should make a copy of this form for your records.