

**2016-2017 Proof of Dependent Form****INSTRUCTIONS:**

1. Make sure to check your Missing Documents Checklist on the Self Service Portal.
2. Complete all sections of this form and provide all signatures. You may be required to provide further documentation.

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**.

Last Name	First Name	MI	SWC ID Number	Date of Birth
-----------	------------	----	---------------	---------------

**A. Other Dependent Information**

This form is used to explain how a student (if the student is independent) or a student's parent (if the student is dependent) provides more than half their support for a dependent listed on the 2016-2017 Verification Worksheet. "Other dependent" is defined as someone **other than your children or spouse** who live with you and who receive more than half of their support from you as of the date you completed your FAFSA through June 30, 2017. Support includes, but is not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items and other necessities.

If you have other dependents that meet the above definition, please list them below:

Other Dependent Name: _____	Relationship _____	Age _____
Other Dependent Name: _____	Relationship _____	Age _____
Other Dependent Name: _____	Relationship _____	Age _____
Other Dependent Name: _____	Relationship _____	Age _____
Other Dependent Name: _____	Relationship _____	Age _____

**B. Statement of Support**

Please provide a written statement explaining how you are currently providing room, board and personal expenses for the other dependent(s) listed above. **DO NOT INCLUDE YOUR SPOUSE OR CHILD(REN).**


***Note: We may request additional supporting documentation at any time.***

**C. Certification**

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	Date	Parent Signature	Date
-------------------	------	------------------	------