2016/2017 Proof of Dependent(s) Form

Student Name: _________________________________________   PCC ID #: ______________________

This form is used to gather information for Unmarried students under the age of 24 who claim dependents on the Free Application for Federal Student Aid (FAFSA). Dependents are those people that you will support* between July 1, 2016 and June 30, 2017. Include your children if they get MORE THAN HALF (51%+) of their support from you or from specific support/benefits you receive FOR the children (such as child support or Social Services, etc.) Include other people only if they meet the following criteria:

1. They live with you, **and**
2. They receive more than half of their support from you **(51%+), and**
3. They will continue to get this support from you between July 1, 2016 and June 30, 2017.

*Support includes money, housing, food, clothes, car, medical and dental care, payment of college cost and similar expenses. You cannot count support provided by your parents.

1. List the names and ages of your legal dependents and their relationship to you the student. **You must attach legal documentation of their relationship to you** (birth certificate, legal guardianship).

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
</tr>
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<tbody>
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</tbody>
</table>

2. Where do the dependents named above live? (Check one answer)

- _______With the student in the student’s apartment or house **(Attach a copy of lease or mortgage statement)**
- _______With the student’s parent(s)
- _______Other: Please explain:
  
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

3. You (the student) live with? (Check one answer)

- _______With your parent(s)
- _______Other: Please provide the address:
  
  __________________________________________________________
  __________________________________________________________

4. What child care provisions have you made for your dependent(s) while you are in class?

  __________________________________________________________

5. Were you (the student) claimed by your parent(s) on their 2015 tax return?

Check One: _____YES       _____NO
Student Name: __________________________ PCC ID# _______________________ 

6. Were the dependent(s) named above claimed by anyone other than you (the student) on a 2015 tax return?
Check One: _____YES _____NO _____NOT BORN until 2016 (current year)

If YES above, please list the name of the person claiming the dependent and their relationship to you.
NAME: ____________________________________________ RELATIONSHIP: ________________________________________

7. Will you claim your own personal exemption on the upcoming 2016 tax return?
Check One: _____YES _____NO

8. Who will claim the dependent(s) on the 2015 tax form? Give the individuals name and relationship to the dependent.
NAME: ____________________________________________ RELATIONSHIP: ________________________________________

9. Do you or your dependents currently receive any of the following benefits? (check all that apply)
a. TANF ______YES (Attach Documentation) ______NO
b. Court ordered Child Support ______YES (Attach Documentation) ______NO
c. Section 8 Housing ______YES (Attach Documentation) ______NO
d. Medicaid/Private Insurance ______YES (Attach Documentation) ______NO

10. Do you currently receive court ordered child support?
Check One: _____YES (Attach Documentation) _____NO

11. List the current MONTHLY EXPENSES you incur for the following:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Your Dependent(s):</th>
<th>Yourself:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Food</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Utilities</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Clothing</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Child Care</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>$________________</td>
<td>$_________</td>
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<tr>
<td>Transportation (gas, insurance, Car payment, maintenance, mass Trans)</td>
<td>$________________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other</td>
<td>$________________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

If you report $0.00 in any of the above categories, include a detailed explanation below as to why you have indicated no expense for those categories and who pays for them.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
12. List the total of ALL current Monthly INCOME/SUPPORT received by the student. (You must attach supporting Documentation.) Examples include: copy of most recent Year to Date paystub, TANF check stub, WIC eligibility notice for your dependent(s), proof of child support paid to you, bills in your name paid by someone else, money or in-kind support from parent(s) or other individuals.

   $__________________________________ Source ____________________________

   $__________________________________ Source ____________________________

   $_________________________ Source __________________________________

Certification and Signature

_____ I attest that I will provide more than half of the support for my children between July 1, 2015 and June 30, 2016.

_____ I attest that the dependent(s) lived with me at the time I completed the FAFSA, will continue to live with me through the end of the academic year, and that I will provide more than half of the support for the dependent(s) during this time. All information provided is complete and correct.

_____ I answered incorrectly and none of these conditions apply to me. By checking this box, I understand that I will need to return this form to the Financial Aid Office and correct my FAFSA by changing my answer to “NO” and adding parental information, as well as, parental signature.

By signing this worksheet, I certify that all the information is complete, true and correct to the best of my knowledge. I understand I may be required to provide additional information.

_________________________ _________________ PCC ID# ________________ Date

Student Signature

Warning: According to the US Department of Education, if you purposely give false or misleading information on this form, you may be subject to a fine of up to $20,000 or Imprisonment for up to 5 years OR both.