Student's Name _____ GCC ID# _____

FINANCIAL AID OFFICE
2013-2014 VERIFICATION OF SUPPORT OF DEPENDENTS
**A separate form is required for each dependent**

According to federal regulations "**dependents**" are children or other persons who live in your home (a residence you own or rent) and receive more than 50% of their living expenses and other financial support from you between July 1, 2013 and June 30, 2014. We are unable to determine if the dependent(s) included on your FAFSA meet this definition. Complete the form by listing the qualified dependent included in the number in household on your FAFSA.

**DEPENDENT STUDENTS**: Have your parents complete the form for the person that they support.
**INDEPENDENT STUDENTS**: Complete the form for the person you (and your spouse, if married) support.

Name of ***dependent***: _____ Age of ***dependent***: _____

Current address of ***dependent***: _____
Street City State

When did the **dependent** begin living at this address? _____
month / day / year

Are you (or parents, if dependent) legally responsible for the rent/mortgage payments at this address? ☐ Yes ☐ No
Will the **dependent** continue to live at this address until June 30, 2014? ☐ Yes ☐ No

Relationship of ***dependent*** to the ***student***:
☐ Mother ☐ Father ☐ Child ☐ Sister/Brother ☐ Aunt/Uncle
☐ Cousin ☐ Niece/Nephew ☐ Grandparent ☐ Other: _____
(please specify relationship of dependent to student)

Check all income sources received by the ***dependent***. ***Do not leave any income source unchecked***. If the ***dependent*** does not receive income from one or more of the sources, check the "NO" box.

| | | | |
|---|---|---|---|
| ☐ YES | ☐ NO | Welfare (TANF / Cal Works) | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | Social Security / CAPI | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | General Relief / Refugee Cash Assistance | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | Child Support received from another parent | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | Income from Work / Unemployment | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | Support from Friends and Relatives | Amt received per month: $ _____ |
| ☐ YES | ☐ NO | Financial Aid (grants, loans, & scholarships) | Amt received per YEAR: $_____ |
| ☐ YES | ☐ NO | Other (please specify): _____ | Amt received per month: $ _____ |

If the ***dependent*** is over the age of 18 and not enrolled as a full-time student, please explain why he or she is not self-supporting (use the back of this form if additional space is needed).

_____

_____

**CERTIFICATION:** I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature _____ Date _____ Parent's Signature (if dependent) _____ Date _____

FAO: Eligible Dependent? ☐ YES ☐ NO Date: _____ FAO Initials _____