



2022-2023 Independent Because Form (Proof of Dependents)

This form is used to gather information to determine whether an otherwise dependent student is independent based upon the support the student provides during the academic year for a child or other dependent.

Student's Name: _____ Student's ID Number: _____

Please list the names and ages of YOUR dependents and their relationship to you.

Dependents are those people you will support *more than* 50% between July 1st of the current year and June 30th of the upcoming year. Include your children if they receive **MORE THAN HALF** of their support from you. Include the people only if they meet the following criteria: 2022-2023 (July 1, 2022-June 30, 2023 / Tax Year 2020)

1. They now live with you, **and**
2. They now receive more than half of their support from you, **and**
3. They will continue to receive this support from you through June 30th of the upcoming year.

Name	Age	Relationship

Where are the dependent(s) named above currently living?

- With me

 With my parent(s)
 With my child's other parent

 Other: _____

Where do you (the student)

- Live with parent(s)
 By myself in my own house, apartment, condo, etc.
 My child's other parent
 Other (example: with friends, significant other, family members other than parent, in a shelter or halfway house, hotel, homeless, etc.) _____

Household Information		
Monthly Household Expenses	Monthly Total	Household Data
	Household Bills	
Rent/Mortgage	\$	Name of Homeowner (write answer below)
Electric Bill	\$	
Gas Bill	\$	How many people live in the home? (include yourself)
Water Bill	\$	
Total Monthly Expenses	\$	This Section for Financial Aid Use Only
TM Expenses ÷ number in home × 1.51 = \$		

Monthly Income Information	
Type of Income	Monthly Amount
Student Wages (provide most recent pay stub)	\$ _____
Child Support Received	\$ _____
Unemployment	\$ _____
Social Security Benefits	\$ _____
Other (indicate type) _____ (documentation may be requested)	\$ _____

Check all sources of other benefit income you receive:

Medicaid TANF/WorkFirst SNAP/Food Stamps
 Section 8 Housing Utilicheck WIC
 Child Care Assistance Other (indicate type) _____

Does your dependent(s) receive any earnings or benefits? Check all that apply:

My dependent receives no benefits and is not employed
 Wages: amount \$ _____ per _____
 Retirement: monthly amount \$ _____
 Welfare benefits: type _____
 VA Benefits: monthly amount \$ _____
 Social Security: monthly amount \$ _____
 Other: _____

Certification and Signature

If you are the student, by signing this application you certify that you

1. will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
2. are not in default on a federal student loan or have made satisfactory arrangements to repay it,
3. do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
4. will notify your college if you default on a federal student loan and
5. will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge.

Student's Signature (Required) _____ Date: _____

Supporting Documentation

Your status as an independent student for federal financial aid purposes is based upon your answer to questions regarding your dependency on the Free Application for Federal Student Aid (FAFSA).

In order to complete the financial aid process, please submit **a minimum of two supporting documents** that represent your situation. Your financial aid cannot be processed until the required documentation has been received and evaluated.

Status	Supporting Documentation
<p>The student and his/her child do not live with the student's parents.</p>	<p>[Required] The birth certificate (or equivalent) of the student's dependent</p> <p>The student's lease agreement with the student's dependent listed as an occupant</p> <p>The student's health insurance plan listing the student's dependent as a dependent</p> <p>Proof of financial capability Most recent monthly pay stubs Unemployment compensation Social Security Benefits Child support Other benefits</p>
<p>A student and his/her child live with the student's parents.</p>	<p>[Required] The birth certificate (or equivalent) of the student's dependent</p> <p>The student's health insurance plan listing the student's dependent as a dependent</p> <p>Proof of financial capability Most recent monthly pay stubs Unemployment compensation Social Security Benefits Child support Other benefits</p>
<p>A student claiming someone who is not his/her child as a dependent.</p>	<p>The student's lease agreement with the student's dependent listed as an occupant</p> <p>The student's health insurance plan listing the student's dependent as a dependent</p> <p>Proof of financial capability Most recent monthly pay stubs Unemployment compensation Social Security Benefits Other benefits</p>