



FINANCIAL AID OFFICE

2020-2021 Proof of Dependent Support

Student ID#*

Student Name (Last Name, First Name)

*for new students, the Student ID# can be found on the Financial Aid Award Letter

Dependent's Name: _____

Dependent's Relationship to You: _____ Dependent's Date of Birth: _____

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 (50%) support for a particular dependent listed on the 2020-2021 Household Worksheet. Support includes, but it 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 with proof of dependent's residency (Driver's license or State identification) provided to us, the dependent in question cannot be counted as a household member for financial aid purposes. If you have listed this person as a household member in error or you realize you do not provide more than 50% of their financial support to this person please declare this at the bottom of the form.

Please answer the below questions in reference to the support of the dependent in question.

Part I:

Please list the resources of the dependent in question. Resources include current or projected income or benefits of the dependent for the time between July 1, 2020 and June 30, 2021:

Annual income (wages, benefits, etc.) \$ _____
Savings Account/Investments \$ _____
Other \$ _____
Total \$ _____

Food Stamps, TANF, etc ___ YES ___ NO
If YES, list the type of resource and the monthly amount \$ _____

Part III:

Please explain the living situation for the dependent in question:

Part IV:

Please explain your source of support to this person from July 1, 2020 through June 30, 2021. (This may include job compensation, child support, TANF, Food Stamps, Social Security benefits, etc.)

This form contains personally identifiable information.
Financial Aid Office 2 College Hill Westminster, MD 21157
410.857.2233 (Voice) | 410.386.4608 (fax)

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PART V: Please provide a list of average monthly expenses for the dependent in question

Expenses	Amount
HOUSING	\$
FOOD	\$
UTILITIES	\$
MEDICAL COSTS	\$
TRANSPORTATION	\$
CLOTHING	\$
DAYCARE	\$
OTHER (Explain)	\$
TOTAL MONTHLY EXPENSES	\$

Part VI:

Please provide the name and relationship of any other persons who provide support for the dependent in question:

Name: _____
Name _____

Relationship: _____
Relationship: _____

Signature:

By signing this form, I hereby swear and affirm that all information reported on this form is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will cause denial, reduction, withdrawal, and/or repayment of financial aid.

Dependent Signature (HANDWRITTEN, not typed)

Date

Parent Signature (if student is dependent, HANDWRITTEN, not typed)

Date

Student Signature (if student is independent, HANDWRITTEN, not typed)

Date

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

Parent Signature (HANDWRITTEN, not typed)

Date

Student Signature (if student is independent, HANDWRITTEN, not typed)

Date

If there is any additional information that can help clarify this form, please attach a signed letter.

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