

## 2022-2023 Independent Because (Proof of Dependents) Form

Student's Name: \_\_\_\_\_ SSN or SID: \_\_\_\_\_

This form is used to gather information to determine whether an otherwise dependent student is independent based on the support s/he provides during the 22/23 academic year for a child or other dependent.

**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 1<sup>st</sup> of the current year and June 30<sup>th</sup> of the upcoming year. Include your children if they receive **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria: 2022-2023 (July 1, 2022 – June 30, 2023/ Calendar & Tax Year 2021)

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 of the upcoming year.

**If the dependent(s) is/are your child(ren), please provide a copy of the birth certificate(s).**

Name	Age	Relationship

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

- with me (the student)                       with my parent(s)  
 with my child's other parent               other \_\_\_\_\_

Where do you (the student) live?

- with my parent(s)  
 by myself in my own house, apt, condo, etc.  
 with my child's other parent  
 other (with friends, significant other, family members other than parent, in a shelter or halfway house, hotel, homeless, etc.) \_\_\_\_\_

Were you (the student) claimed by your parent(s) or anyone else on their tax return for the last year?

- Yes                       No

Were the dependent(s) claimed by anyone other than you (the student) on last year's tax return?

- Yes                       No                       My dependent was not born yet.

If yes, please list the name of the person who claimed the dependent and their relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Household Information		
Monthly Expense	Amount	Household Data
Rent/Mortgage	\$	Name of person who pays rent/utilities
Electric Bill	\$	_____
Gas Bill	\$	How many people live in the home? (include yourself) _____
Water Bill	\$	
Total Monthly Expenses	\$	<i>This Section for Financial Aid Use Only</i>
TM Expenses / number in home x 1.51 =	\$	

**OVER**

Monthly Income Information	
Types of Income	Monthly Amount
Student wages (provide copies of pay stubs from all jobs held in 2022*)	\$
Child Support Received (whether voluntary or court ordered - provide documentation*)	\$
Unemployment (provide documentation*)	\$
Social Security Benefits (provide documentation*)	\$
Other (please indicate type) _____ (documentation may be required*)	\$

Check **all** sources of other benefit income **you** receive and provide supporting documentation for the items with an asterisk (\*) behind them:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 2021 W2*          | <input type="checkbox"/> 2021 Tax Return*      | <input type="checkbox"/> Medicaid*        |
| <input type="checkbox"/> SNAP/Food Stamps* | <input type="checkbox"/> Section 8 Housing     | <input type="checkbox"/> Military Housing |
| <input type="checkbox"/> WIC               | <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> TANF/Workfirst   |

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

- Social Security:** monthly amount: \$ \_\_\_\_\_
- VA benefits:** monthly amount: \$ \_\_\_\_\_       **Other:** \_\_\_\_\_
- My dependents received no benefits.**

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

***By providing your signature, you are certifying that all the information on this form is complete and correct. You are also authorizing Gaston College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.***

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

