



**2020-2021  
Nash Community College  
Proof of Dependent(s) Form**

This form is used to gather information from unmarried students who are under 24 years old and claim to have dependents.

**Student Name:** \_\_\_\_\_ **NCC ID#** \_\_\_\_\_

Please answer ALL questions carefully and attach supporting documentation. **DO NOT LEAVE ANY BLANKS.**

1. Please list the names and ages of **YOUR** dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2018 and June 30, 2019. Include your children if they get **MORE THAN HALF** of their support from you or from specific support / benefits you receive **FOR** the children (such as child support payments or Social Services). Include other people only if they meet the following criteria:

- They now live with you, and
- They now get more than half their support from you, and
- They will continue to get this support from you between July 1, 2018 and June 30, 2019.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Name	Age	Relationship

2. Where do the dependent(s) named above live?

- With you (the student)
- With your (the student's) parent(s)
- Other

If "Other" is checked, please explain: \_\_\_\_\_

3. What child care provisions have you made for while you're in class?

\_\_\_\_\_

**Mail to: NCC Financial Aid  
P.O. Box 7488  
Rocky Mount, NC 27804**

Student Name: \_\_\_\_\_ NCC ID# \_\_\_\_\_

4. You (the student) will live:

- With your parent(s)
- In my own home (include copy of mortgage statement or rental agreement)
- Other

If "Other" is checked, please explain: \_\_\_\_\_

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

- Yes
- No

6. Did you claim your child on your own tax return?

- Yes (please provide copy of federal tax return)
- No

7. Was your dependent claimed by anyone other than you (the student) on the previous year tax return?

- Yes
- No

If yes, please list the name of that person and their relationship to you, the student.

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

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

8. Please list the estimated monthly expense for the support of your dependent(s), over and above the support received through any federal programs listed below:

\$\_\_\_\_\_ per month

9. Please list all source(s) of support. **You must attach supporting documents.** (Examples included: copy of most recent check stub, TANF check, cancelled checks or other proof of child support paid.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Certification and Signatures**

Signing this worksheet certifies that all the information Reported on it is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date