Student's Name	GCC ID#

FINANCIAL AID OFFICE 2012-2013 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) <u>and</u> receive more than 50% of their living expenses and other financial support from you between July 1, 2012 and June 30, 2013. 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. State When did the **dependent** begin living at this address? 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, 2013? Yes No Relationship of *dependent* to the *student*. Father Child Mother ☐ Sister/Brother Aunt/Uncle ☐ Cousin ■ Niece/Nephew Grandparent Other: (please specify relationship of dependent to student) Is the dependent currently receiving income from any of the income sources listed below? 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 be sure to check the "NO" box. YES Welfare (TANF / Cal Works) Amt received per month: \$ _____ YES Amt received per month: \$ __ Social Security / CAPI YES □ NO General Relief / Refugee Cash Assistance Amt received per month: \$ _____ YES NO Child Support received from another parent Amt received per month: \$ ___ YES Income from Work / Unemployment Amt received per month: \$ _____ Amt received per month: \$ _____ \square YES NO Support from Friends and Relatives 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 selfsupporting (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. Parent's Signature (if dependent) Student's Signature Date Date FAO: FAO Initials