



**2019 – 2020 DEPENDENT OTHER THAN A SPOUSE**

Student Name \_\_\_\_\_ C# \_\_\_\_\_

On your financial aid application you indicated that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status it is necessary for you to confirm your response. Please complete the following form and return it to the CCC Financial Aid Office. Additional information may be requested.

**Do you live with either of your parents?** \_\_\_\_\_ Yes \_\_\_\_\_ No

- **If yes, then you are not considered an independent student and must provide parent information on your FAFSA. You do not need to complete the rest of this form. Please enter required parent information on your FAFSA at [www.fafsa.gov](http://www.fafsa.gov).**
- **If you answered no, complete and return this form.**

What is the name, birth date and relationship of any dependent that YOU will support more than 50% between July 1, 2019 and June 30, 2020?

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Does your dependent(s) live with you? (Mark one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you file taxes for 2017? (Mark one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Who claimed you as a tax exemption in 2017? Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Who did/will claim you as a tax exemption in 2018? Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Who claimed your dependent as an exemption in 2017? Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Who did/will claim your dependent as an exemption in 2018? Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What is the estimated annual child support you will receive in 2018? \$ \_\_\_\_\_

Please list other sources of income you receive to help support you and your dependent(s). Examples – SNAP, SSI, WIC, unemployment, income earned from work, CHIP (Child Health Insurance Program), TANF.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature

Date

Please return all necessary forms to the Financial Aid office at Cayuga Community College.  
Your financial aid award processing will not be completed until this form is submitted and processed.