



# BEAUFORT

COUNTY COMMUNITY COLLEGE  
Office of Financial Aid

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## 2023-2024 Proof of Dependents

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Your status as an independent student for financial aid purposes is based on your response to Question #51 or #52 on your FAFSA. You indicated that you have at least one child or other dependents who will receive more than half of their support from you between July 1, 2023, and June 30, 2024. We require verification of this status. Complete this form and submit any applicable documentation to our office. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

### A. Dependent Information

In the space below, list your qualified dependent(s). Include your children if they receive MORE THAN HALF of their support from you, even if they do not live with you. Include other people only if they meet all of the following criteria:

- They currently live with you; AND
- They currently receive MORE THAN HALF of their support from you; AND
- They will continue to receive this support from you through June 30, 2024.

*\* Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses. You may be required to provide receipts to support your claim of people other than your children.*

Dependent(s) Name	Age	Relationship to You

Is the dependent(s) listed above your biological or adopted child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of the dependent(s) birth certificate or adoption decree.
Did you claim the above name dependent(s) on your 2021 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of your 2021 IRS Tax Return Transcript, available at <a href="http://www.irs.gov">www.irs.gov</a> (see <i>How to Obtain a Tax Return Transcript</i> ).
Are you the custodial parent of the dependent(s) listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>NO</b> , submit a notarized statement from the custodial parent confirming your contribution of more than half of the <u>dependent's support</u> .
Is the dependent listed above an unborn child that is due between July 1, 2022 and June 30, 2023?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , submit a statement from your doctor that includes your anticipated delivery date.

Student Name:

Student ID:

**B. Verification of Support**

What is your current living situation? Submit a copy of your rental/lease agreement or other documents confirming housing in your name.

Own Home  Rent/Public Housing

With your parent(s)  Other: \_\_\_\_\_ If other, please specify name and relationship to you.

Does your dependent(s) live with you?  YES If **NO**, with whom does your dependent live?

NO \_\_\_\_\_

Do you pay childcare costs for your dependent(s)? (Answer YES, if you receiving childcare assistance)  YES Amount Paid \$ \_\_\_\_\_ /month

NO

Do you provide medical coverage (including Medicaid) for the listed dependent(s)?  YES If **YES**, submit a copy of the medical card

NO

Do you **RECEIVE** child support for your dependent? If YES, how much did you receive in 2021?

YES \$ \_\_\_\_\_

NO How much do you expect to receive in 2023?

\$ \_\_\_\_\_

Do you **PAY** child support for your dependent(s)? If YES, how much did you receive in 2021?

YES \$ \_\_\_\_\_

NO How much do you expect to receive in 2023?

\$ \_\_\_\_\_

Are you currently employed?  YES If **YES**, submit a copy of your most recent pay stub showing year to date earnings.

NO

Do any of your (or your dependent's) relatives provide financial support? If **YES**, how much support did you receive in 2021? \$ \_\_\_\_\_ per \_\_\_\_\_ month

YES

NO

If **YES**, name of relative: \_\_\_\_\_

Relationship to you/your dependent: \_\_\_\_\_

Do you (or your dependent) receive any other type of assistance or income? (ex. SNAP, TANF, WIC, SSI, etc.) If **YES**, indicate type and amount:

YES Type: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

NO Type: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Type: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Did someone else claim you **OR** your dependent(s) on their 2021 Federal Tax Return? If **YES**,

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

NO Relationship: \_\_\_\_\_

Will someone else claim you **OR** your dependent(s) on their 2021 Federal Tax Return? If **YES**,

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

NO Relationship: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**C. Additional Information**

Use the space below to provide any other examples of how you provide the basic necessities (*food, shelter, clothing, personal items, etc.*) for your dependent(s). If additional space is needed, please use a separate sheet of paper.

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**CERTIFICATION AND SIGNATURE**

By signing below, I certify that all of the information reported on this form and any documentation provided is complete and correct.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number