

CONFIRMATION OF LEGAL DEPENDENTS

Student Name: _____ **ICC ID:** _____

Last First M.I.

This form is used to gather information for Unmarried students under the age of 24 who claim dependents on the Free Application for Federal Student Aid (FAFSA). Dependents are those people that you will support between **July 1, 2025 and June 30, 2026**. Include your children if they get MORE THAN HALF (51%+) of their support from you. Include other people only if they meet the following criteria:

Please list the names and ages of YOUR dependents and their relationship to you.

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 30th 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 child's other parent
- ☐ with my parent(s)
- ☐ other: _____

What child care provisions have been made while the student is attending classes?

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 (ex: with friends, significant other, family members other than a parent, in a shelter or halfway house, hotel, homeless, etc.) _____

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

Name: _____ Relationship: _____

Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.

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Household Information

Monthly Household Expenses	Monthly Total Household Bills	Household Data
Rent or Mortgage	\$	Name of Homeowner/Renters Agreement (Documentation may be requested)
Utilities	\$	
Food and Groceries	\$	
Car Payment/Gas	\$	
Child Care/Day Care	\$	
Personal – clothing, cell phone, entertainment, etc.	\$	
Total Monthly Expenses	\$	

Monthly Income Information

Type of Income	Monthly Amount
Student Wages (provide most recent pay stub)	\$
Child Support Received(voluntary or court ordered)	\$
Unemployment	\$
Social Security Benefits	\$
Other (indicate type) _____ (documentation may be requested)	\$

Check all sources of other benefit income you receive:

☐ Medicaid
 ☐ TANF
 ☐ SNAP/Food Stamps
 ☐ Section 8 Housing
 ☐ WIC
 ☐ Child Care Assistance

☐ Other (indicate type): _____

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

- ☐ My dependent receives **no** benefits and is not employed.
☐ Wages: monthly amount: \$ _____
 ☐ Retirement: monthly amt: \$ _____
☐ Welfare benefits: type: _____
 ☐ VA benefits: monthly amt: \$ _____
☐ Social Security: monthly amt: \$ _____
 ☐ Other: _____

SECTION 3 - Certifications and Signatures - By signing below we certify that all the information reported above is complete and correct to the best of our knowledge and we agree to provide documentation of such, if requested.

Student Signature: _____ Date: _____

Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.