



# Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East, Washington, NC 27889

T: 252.940.6222 F: 252.940.6393 [finaid@beaufortccc.edu](mailto:finaid@beaufortccc.edu)

2020-2021

## Dependency Determination

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

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

Your status as an independent student for financial aid purposes is based on the results on the FAFSA that you have child(ren) or dependents other than children that you will provide more than half of their support between July 1, 2020 and June 30, 2021. 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.**

**NOTE:** If you do not provide more than half of your children and/or dependent's support and you are **under the age of 24**, you are required to include and update your parent(s) information on the FAFSA.

### A. Dependent Information

In the space below, list your qualified dependent(s) and your children if they receive **MORE THAN HALF** of their support from you, even if they do not live with you. Do not include support provided by your (the student) parents.

Include other people **ONLY** if they meet **ALL** of the following criteria:

- They currently live with you; *and*
- They receive **MORE THAN HALF** of their support from you; *and*
- They will continue to receive this support from you through June 30, 2021.

*\*Support includes money, housing, food, clothing, educational costs, transportation, medical/dental care, money received by you on their behalf such as child support, social security or any other benefits.*

Dependent(s) Name	Age	Relationship to You

If the dependent(s) listed is your child, you must submit a copy of the child's Birth Certificate or legal documentation.

Please answer the following questions below and submit any required documentation:

Did you file a 2018 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of your 2018 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> )
Did you earn any wages in 2018 even though you were not required to file a tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of your 2018 wage statement (W2s and/or 1099).
Did you claim the above name dependent(s) on your 2018 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of your 2018 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> )

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

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

Are you the custodial parent?	<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 dependent's support.
Is the dependent an unborn child that is due between July 1, 2020 and June 30, 2021?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , submit a statement from your doctor indicating the due date <b>AND</b> a written statement that indicates your intended support of your dependent as described in section above.
<b>B. Support Provided</b>		
What is your current living situation? <input type="checkbox"/> Own Home <input type="checkbox"/> Rent/Public Housing <input type="checkbox"/> With your parent(s) <input type="checkbox"/> Other: _____		Submit a copy of your rental/lease agreement or other documents confirming housing in <u>your name</u> . If other, please specify name and relationship _____
Does your dependent(s) live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>NO</b> , where does your dependent live? _____
Do you pay childcare costs for your dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount Paid \$ _____/month If <b>YES</b> , receipts may be required
Do you provide medical coverage (including Medicaid) for your dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , submit a copy of the medical card
Do you <b>RECEIVE</b> child support for your dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , how much did you receive in 2018? \$ _____ How much do you expect to receive in 2020? \$ _____
Do you <b>PAY</b> child support for your dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , how much did you pay in 2018? \$ _____ How much do you expect to pay in 2020? \$ _____
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , provide a copy of your 2018 IRS Tax Transcript, available at <a href="http://www.irs.gov">www.irs.gov</a> (see <i>How to Obtain a Tax Return Transcript</i> ) or a copy of your <u>most recent</u> pay stub showing year-to-date earnings.
Do any of your (or your dependent's) relatives provide financial support? If <b>YES</b> , Name of relative: _____ Relationship to you/your dependent: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , how much support did you receive in 2018? \$ _____ per _____ month
Do you (or your dependents) receive any other type of assistance or income? (Ex. SNAP, TANF, WIC, SSI, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , indicate type and amount: Type: _____ Amt. \$ _____ Type: _____ Amt. \$ _____ Type: _____ Amt. \$ _____
Did someone else claim you <b>OR</b> your dependent on their 2018 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , Name: _____ Relationship: _____
Will someone else claim you <b>OR</b> your dependent on their 2018 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , Name: _____ 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