



# Beaufort County Community College

Office of Financial Aid

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## 2020-2021 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, 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.**

### 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, 2021.

*\* 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 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 YES, provide a copy of the dependent(s) birth certificate or adoption decree.
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> )
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 dependent's support.
Is the dependent listed above 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 that includes your anticipated delivery date.

### B. Verification of Support

What are your living arrangements?

- Own Home                       Rent/Public Housing  
 With your parent(s)        Other: \_\_\_\_\_

Submit a copy of your rental/lease agreement or other documents confirming housing in your name  
If other, please specify name and relationship to you.

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

Does the listed dependent(s) live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>NO</b> , with whom does your dependent live? _____
Do you pay childcare costs for your dependent(s)? (Answer YES, if you receiving childcare assistance)	<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 the listed 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?	<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?	<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> , submit 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 _____
Do you (or your dependent) 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(s) 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 2019 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , Name: _____ Relationship: _____

### 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.

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

### Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge and belief. I understand that BCCC has the right to require additional proof of the information provided on this form.

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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

\_\_\_\_\_  
Date