

**SUPPORT OF DEPENDENTS**

Additional documentation is required to verify that you, or your parent if you are a dependent student, will provide over half of the support for certain individual(s) listed in the household. This support must be provided throughout the academic year (July 1, 2016 until June 30, 2017).

**Student's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<u>Name of Dependent</u>	<u>Relationship to student</u>	<u>Dependent lives with me/us</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Indicate the amount of support you or your parent (if you are a dependent student) currently provides for the person(s). *Do not leave blanks; indicate \$0 if none provided.*

	<b>Monthly amount</b>
Rent/Mortgage	_____
Utilities (Electric/Gas)	_____
Phone/Cell Phone	_____
Vehicle (Insurance, gas, loan payment, maintenance)	_____
Medical/Health Insurance	_____
Food	_____
Personal or Other Expenses (Specify _____)	_____
<b>Total monthly amount \$</b>	<b>_____</b>

2. Indicate the amount of income and/or benefits the person(s) receive on their own behalf. *Do not leave any blanks; indicate \$0 if none received.*

	<b>Monthly amount</b>
Wages Earned from Work	_____
Unemployment/Workers Compensation	_____
Social Security Benefits	_____
Public Assistance (TANF, SNAP, WIC)	_____
Child Support Received	_____
Other Sources of Income (Specify: _____)	_____
<b>Total monthly amount \$</b>	<b>_____</b>

Enter your JCC ID: J00\_\_\_\_\_

FA 1617 DEPS

**3. Additional Information**

- A.  Yes  No Is this person(s) under the legal custody or guardianship of you/your parent(s)?  
If **yes**: Provide a copy of court order awarding guardianship or custody.
- B.  Yes  No Is this person(s) included in your/your parent(s) public assistance budget?  
If **yes**: Provide a current copy of the public assistance budget.
- C.  Yes  No Do you/your parent(s) receive child support for the person(s)?  
If **yes**: Monthly amount you/your parent(s) will receive in 2016: \$\_\_\_\_\_
- D.  Yes  No Will this person(s) live with you/your parent(s) through June 30, 2017?  
If **no**: Explain: \_\_\_\_\_
- E.  Yes  No Was this person(s) claimed as a dependent on you/your parent(s) 2015 tax return?  
If **no**: Explain: \_\_\_\_\_
- F.  Yes  No Will this person(s) be claimed as a dependent on you/your parent(s) 2016 tax return?  
If **no**: Explain: \_\_\_\_\_

4. Every situation is unique. Use the following lines if you have additional comments or information that will support your claim that you (or your parent(s) if you are dependent) provide over half the support of this person(s).

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**5. Certification:**

*I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.*

**Student signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent signature required if student is dependent for federal student aid purposes.)*

**JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020**  
**Jamestown 716.338.1009 | 1.800.388.8557 ext 1009 | Olean 716.376.7512 | 1.800.388.8557 ext 7512**  
**FAX 716.338.1459 | EMAIL [financialaid@mail.sunyjcc.edu](mailto:financialaid@mail.sunyjcc.edu)**  
 We recommend you mail your documents via the US Postal Service to protect your personal information.