

**INDEPENDENT STATUS BASED ON CHILD OR DEPENDENT**

Your status for financial aid as an independent student is based solely upon your indication that you have children or other dependents who will receive more than half of their financial support from you from July 1, 2017 to June 30, 2018. We are requesting that you complete this form to explain how you will provide financial support for your children or other dependents. **If you are not able to demonstrate support you need to correct the answer to that question on your FAFSA to “no” and provide parent information and signature.**

**Submit all required documents and completed form** to the financial aid office. **Do not leave any questions blank;** check either the YES or the NO box as appropriate. **INCOMPLETE FORMS WILL BE RETURNED and will delay the processing of federal student aid.** The information you provide will be reviewed to determine if it is sufficient to demonstrate support for your child(ren) or dependent(s).

**SECTION A: Student Information**

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

**Address:** \_\_\_\_\_

**SECTION B: Child/Dependent Information** (children/dependents for whom you provide more than half financial support):

<u>Name of child and/or dependent</u>	<u>Date of birth</u>
_____	_____
_____	_____
_____	_____

1.  Yes  No Are you living with your parent(s), significant other, family member, guardian, etc.?  
If **yes:** Name of person(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

2.  Yes  No Does your child/dependent live in the same household as you?  
If **no:** Name of person(s): \_\_\_\_\_  
Relationship to child/dependent: \_\_\_\_\_

3.  Yes  No Will the child/dependent live with you while you are attending school?  
If **no:** Name of person(s): \_\_\_\_\_  
Relationship to child/dependent: \_\_\_\_\_

4.  Yes  No Do your parents provide financial or in-kind support for you or your child/dependent?  
(In-kind support is non-cash support such as food, housing, child care, health insurance, etc.)  
If **yes:** Estimated monthly amount: \$ \_\_\_\_\_  
Specify types of support received: \_\_\_\_\_

5.  Yes  No Does anyone else provide financial support to your household? (ie: significant other, family member, guardian, etc.)  
If **yes:** Name/relationship: \_\_\_\_\_  
Estimated monthly amount: \$ \_\_\_\_\_  
Specify types of support received: \_\_\_\_\_

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

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6.  Yes  No Are you paying child/daycare for your child/dependent?  
If **yes**: Provide child/daycare receipts in your name **or** a statement of account with care provider in your name.
7.  Yes  No Are you providing health insurance or Medicaid for your child/dependent?  
If **yes**: Provide copy of medical coverage card for child/dependent.
8.  Yes  No Are you receiving child support for your child?  
If **yes**: Total amount you received in 2016: \$\_\_\_\_\_  
Monthly amount you are currently receiving: \$\_\_\_\_\_
9.  Yes  No Do you pay child support to someone else for your child?  
If **yes**: Total amount you paid in 2016: \$\_\_\_\_\_  
Monthly amount you are currently paying: \$\_\_\_\_\_  
Name of person(s): \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
10.  Yes  No Are you currently employed?  
If **yes**: Provide copy of most recent paystub(s) showing year-to-date earnings.
11.  Yes  No Do you receive TANF, SNAP, WIC or rental assistance?  
If **yes**: Provide current copy of your Public Assistance Budget.
12.  Yes  No Did you claim yourself as a dependent on your 2016 tax return?  
If **yes**: Provide a copy of your 2016 federal tax return  
If **no**: Name of person(s) who claimed you: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_
13.  Yes  No Did you claim your child/dependent as a dependent on your 2016 tax return?  
If **yes**: Provide a copy of your 2016 federal tax return  
If **no**: Name of person(s) who claimed your child: \_\_\_\_\_  
Relationship to your child: \_\_\_\_\_
14.  Yes  No Will you claim your child/dependent as a dependent on your 2017 tax return?  
If **no**: Name of person(s) who will claim your child: \_\_\_\_\_  
Relationship to your child: \_\_\_\_\_

### SECTION C. Certification

By signing this form, you certify that you will provide more than 50% financially for your child(ren) or dependent(s) throughout the 2017-18 academic year (July 1, 2017 through June 30, 2018). You understand that if it is determined at a later date through the receipt of federally recognized documentation that you were not eligible to make the claim taken on this form, you will be required to repay any federal student aid funds received for which you were not eligible.

*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:** \_\_\_\_\_

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.sunycc.edu (We recommend you mail your documents via USPS to protect your personal information.)