

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, 2016 to June 30, 2017. 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 unable to demonstrate support, **you need to correct the answer to that question on your FAFSA** to “no” and provide parent information and signature.

Attach all required documents to completed form and submit to our office. **Do not leave any questions blank.** We will review your information and 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>
_____	_____
_____	_____
_____	_____

- Yes No Are you living with your parent(s), significant other, family member, guardian, etc.?
If **yes**: Name of person(s): _____
Relationship to you: _____
- Yes No Does your child/dependent live in the same household as you?
If **no**: Name of person(s): _____
Relationship to child/dependent: _____
- Yes No Will the child/dependent live with you while you are attending school?
If **no**: Name of person(s): _____
Relationship to child/dependent: _____
- 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: _____
- 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 2015: \$_____
Monthly amount you will receive in 2016: \$_____
9. Yes No Do you pay child support to someone else for your child?
If **yes**: Total amount you paid in 2015: \$_____
Monthly amount you will pay in 2016: \$_____
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 2015 tax return?
If **yes**: Provide a copy of your 2015 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 2015 tax return?
If **yes**: Provide a copy of your 2015 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 2016 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 2016-17 academic year (July 1, 2016 through June 30, 2017). 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

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