

2023-2024 PROOF OF DEPENDENT SUPPORT VERIFICATION

Student's Name: _____ Student's SSN or SCC ID #: _____

In order to claim on your FAFSA that you are supporting a child or other dependent, you MUST provide more than 50% financial support for that dependent. The financial aid office will review the information provided on this form and determine if you meet the definition of support for a dependent. If you are under 24, the outcome of this determination could affect your dependency status.

Dependent's Name	Dependent's Relationship to You	Dependent's Date of Birth	Does Dependent Live with You?

Please answer these questions in reference to the support of dependent/s during the 2023-2024 school year.

- Are you (student) and/or your spouse employed? **If yes, provide a copy of your most recent pay stub/s.** ☐ Yes ☐ No
- Is the dependent/s employed? **If yes, provide a copy of their most recent pay stub.** ☐ Yes ☐ No
- Where will you (student) live for the duration of the 2023-2024 school year? ☐ With parent/s ☐ Independently
☐ With another adult: _____ (name/relationship) ☐ Other: _____
- What will be your source of income for rent/mortgage? (Check all that apply.)
☐ Myself ☐ Parent ☐ Family Member ☐ Subsidized Housing ☐ Other _____
- Who will pay for childcare (if applicable)? _____
If yes, how much will be paid per month? \$ _____
- Who will pay for food for the dependent/s? _____ Approx. how much/month? \$ _____
- Do you provide medical coverage for the dependent/s? ☐ Yes ☐ No
If yes, is the medical coverage through Medicaid/Title 19? ☐ Yes ☐ No
If not, who is providing the medical coverage? _____
- Do you receive child support for this dependent/s? ☐ Yes ☐ No
If yes, how much is received per month? \$ _____
- Do you receive any of the following types of assistance or benefits?
☐ WIC ☐ Food Stamps/SNAP \$ _____/mo. ☐ FIP/TANF \$ _____/mo. ☐ SSI/SSDI/Disability \$ _____/mo.
☐ Other: _____ ☐ None of the above
- Does the dependent/s receive any of the following types of assistance or benefits?
☐ WIC ☐ Food Stamps/SNAP \$ _____/mo. ☐ FIP/TANF \$ _____/mo. ☐ SSI/SSDI/Disability \$ _____/mo.
☐ Other: _____ ☐ None of the above

REQUIRED SIGNATURE: I certify that all information reported on this worksheet is complete and correct. I understand that changes in FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility. **I also understand that additional information/documentation may be requested.**

Student's Signature _____

Date _____

Return this form with required documentation to campus where you will be attending:

Southeastern Community College	Southeastern Community College
ATTN: Financial Aid	ATTN: Financial Aid
1500 W Agency Rd	335 Messenger Rd
West Burlington IA 52655	Keokuk IA 52632