



2017-2018

Legal Dependent Verification Form

STUDENT INFORMATION

Last Name **First Name** **M.I.** **Social Security Number** **CLCC Student ID Number**

You indicated on your 2017-2018 FAFSA that you provide over half of a dependent child's support or that you have dependents (other than your children or spouse) live with you and you provide more than half of their support. This has made you an independent student and we require verification of that status. Please complete this form and return to our office with any additional documentation, such as, adoption or legal guardianship court documents. *If you are expecting a child during this academic year, provide a statement from your care provider with the expected date of birth. Also provide a signed statement which declares your intended support and capability of providing more than half of the child's support.*

Questions To Be Answered	Documentation Needed Based Upon Your Answer
1. Is your child/dependent living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your rental/lease agreement
2. Are you paying for childcare for your child/dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide documentation specifying the name of the child receiving care (i.e.: Receipts or statements of account in your name).
3. Are you providing medical coverage for your child/dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of medical card.
4. Are you <i>receiving</i> child support for your child/dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you receive in 2015? \$_____ per year
5. Do you <i>pay</i> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you pay in 2015? \$_____ per year
6. Are any of your child/dependent's relatives providing financial support for you and/or your child/dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much support did you receive in 2015? \$_____ per month Name of relative: _____ \$_____ per month
7. Are you or your child/dependent receiving any other types of assistance or benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide the type(s) of assistance and the monthly amounts: Type: _____ \$ _____ per month Type: _____ \$ _____ per month
8. Are you and/or your child/dependent living with your parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", do you pay rent to your parent(s)? If so, provide a signed statement from your parent(s) indicating the dollar amount.
9. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your most recent year-to-date paystub.
10. Were you or your child/dependent claimed as dependents on someone else's 2015 federal tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", who claimed you or your child/dependent? Name: _____ Relationship: _____ <i>**If they will not claim you on their 2016 federal tax return, have them submit a signed written statement indicating that.</i>

CERTIFICATION STATEMENT

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.** I agree to notify the Co-Lin Financial Aid Office if any of the information provided on this form changes.

Student Signature: _____ **Date:** _____

Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.

Return all documents to:
CLCC Financial Aid Office, PO Box 649, Wesson, MS 39191 or FAX to: 601.643.8240