

PROOF OF DEPENDENT(S) FORM 2019-2020

This form is used to gather information from unmarried students who are under 24 years old and claim to have dependents.

Please answer ALL questions carefully and attach supporting documentation.

DO NOT LEAVE ANY BLANKS. Please print your answers.

Name _____ COM ID: _____

Address _____

City _____ State _____ Zip Code _____

1. Please list the names and ages of your dependents and their relationship to you. You must attach a copy of legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2019 and June 30, 2020. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

- 1. they now live with you, and
2. they now get more than half their support from you, and
3. they will continue to get this support from you between July 1, 2019 and June 30, 2020.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the person(s) listed below as dependent(s).

Table with 3 columns: Name, Age, Relationship. Includes three rows of blank lines for data entry.

2. Where do the dependent(s) named above live?

- With the student
With the student's parent(s)
Other Please explain:

Blank lines for providing an explanation for the 'Other' category.

3. What child care provisions have you made for while you're in class?

4. You (the student) will live:

- With your parent(s)
- Other Please explain:

5. Were you (the student) claimed by your parent(s) on their previous year tax return?

- Yes
- No

6. Was your dependent claimed by anyone other than you (the student) on the previous year tax return?

- No
- Yes

If yes, please list the name of that person and their relationship to you, the student.

Name: _____

Relationship _____

7. Please list the estimated monthly expense for the support of your dependent(s), over and above the support received through any federal programs listed below in question 8.

\$ _____ per month

8. Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; TANF check; Notice of Action form from your case worker with current date; cancelled checks or other proof of child support paid; WIC program eligibility notice; Medi-Cal eligibility notice for dependent).
