



Highland Community College
2998 West Pearl City Road
Freeport, Illinois 61032
(815) 599-3559
OFFICE OF FINANCIAL AID

Legal Dependent (other than a spouse) Verification Form 2011-2012

Name _____ SSN _____ - _____ - _____

Address _____ City/State/Zip _____

This form allows you to request special consideration for your student status for financial aid purposes for 2011-2012. You must submit the following documentation that you have sufficient income to support yourself and your dependent(s).

Legal Dependent Guidelines

You must provide more than 50% of your dependent(s)' financial support during 2011-2012 to consider that person your legal dependent. Submit documentation that you are providing at least half of your dependent's financial support from July 1, 2011 through June 30, 2012. Documentation should include:

1. A detailed, chronological statement, which clearly explains your family situation and how you financially support your dependent(s).
2. A written statement and documentation indicating who claimed the dependent(s) on their 2010 tax return.
3. Legal birth certificate of the dependent (if the dependent is your child).
4. A signed statement from your child's other parent (not you the student) indicating the amount of child support they paid in 2010 and whether they lived with and/or claimed the child on their 2010 tax return. Also state whether the other parent plans on living with and/or will be claiming the child on their 2011 tax return.
5. A written statement from your child's other parent indicating if they are enrolled at a College or University for the 2011-2012 academic year. If so, indicate the name of the College or University the other parent attends and if they applied for financial aid as a dependent or independent student.
6. Signed statements from all of the dependent child's grandparents indicating if they claimed you (the student) and your child on their 2010 tax returns and if they plan on claiming you (the student) and your child on their 2011 tax return.
7. **Complete the back of this form** with an itemized list of your monthly income and all of your and your child's monthly expenses and a breakdown of how these expenses are being met. **Also include a copy of your current lease and most recent paycheck stub.**
8. If you are receiving any type of benefits from the Department of Public Aid to support your dependent, you must submit documentation from the office that processes your benefits.
9. Documentation of childcare cost and insurance paid for your dependent(s).

I certify that this information is true and complete. If I cannot provide the appropriate required documentation to support an independent status, I understand that I will be evaluated as a "dependent" student and required to provide my parent(s)' income and asset information when completing the Free Application for Federal Student Aid (FAFSA).

Required Student Signature _____ **Date** _____

DO NOT LEAVE BLANKS AND DO NOT INDICATE "NA" ON THIS WORKSHEET

Worksheet for Determining Support

- 1. Name of person(s) you are supporting. _____
- 2. Relationship to you, the student. _____
- 3. Did the person you support live with you? _____

Funds belonging to you for 2011:

- 4. Income earned from 1/1/11 to current date (**most recent paycheck stub required**) _____
- 5. Untaxed income to be received in 2011, child support, etc. (**verification required**) _____
- 6. Amounts borrowed to date for 2011 (**name source of loan**) _____

Other monthly income received for 2011 (submit verification):

- 7. a. Public Assistance-TANF (**monthly benefits**) _____
- b. WIC _____
- c. Subsidized Housing (**Section 8- submit lease**) _____
- d. Medicaid _____
- e. Childcare Subsidy (Title XX) _____
- f. Social Security _____
- g. Total of lines 4, 5, 6 and 7a through 7f _____

Monthly expenses for Household:

- | <u>2010 Expenses</u> | <u>2011 Expenses (Use directions at left)</u> |
|--|---|
| 8. Rent/Mortgage paid _____ | _____ |
| 9. Food _____ | _____ |
| 10. Utilities (heat, water, etc.) _____ | _____ |
| 11. Other (please specify) _____ | _____ |
| 12. Total household expenses (add lines 8 - 11) _____ | _____ |
| 13. Total number of persons who lived in the household _____ | _____ |

Monthly expenses for the person you supported:

- | <u>2011 Expenses</u> | <u>2011 Expenses (Use directions at left)</u> |
|--|---|
| 14. Clothing _____ | _____ |
| 15. Education _____ | _____ |
| 16. Medical and Dental _____ | _____ |
| 17. Insurance (provide documentation) _____ | _____ |
| 18. Childcare (provide documentation) _____ | _____ |
| 19. Travel _____ | _____ |
| 20. Other (specify) _____ | _____ |
| 21. Total cost of support (add lines 14 – 20) _____ | _____ |