



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 2020-2021

Name _____ Student ID# _____

Address _____ City/State/Zip _____

Name and Relationship of child(ren) you are supporting _____

You indicated on your financial aid application (FAFSA) that you are responsible for a child(ren). In order for a student under the age of 24 with a dependent to be considered independent for FAFSA purposes, the student must be able to support themselves and provide more than 50% of their dependent’s support through work and/or state assistance. You must submit the following documentation to show that you have sufficient income to support yourself and your dependents.

You (the student) live:

- With your parents
- Other (Please explain AND attach a copy of your lease agreement)

What child care provisions have you made for your child while you are in class? Provide documentation showing childcare cost from the provider, if none is charged, a statement from the provider noting this.

Do you have a medical card for your dependent? Yes No If yes, attach a copy

If no, who provides insurance for your child(ren)? _____

The following documentation is required to show proof that you are supporting your child(ren). If there is something you are not able to provide proof of please write a statement answering the questions and why you cannot provide the documentation.

- 1) Legal birth certificate of your child(ren).
- 2) A written statement and documentation indicating who claimed the child(ren) on their 2018 tax return.
- 3) A signed statement from your child’s other parent (not you the student) indicating...
 - The amount of child support they paid in 2018
 - Did they live with you
 - Will/Did they claim the child on their 2018 tax return (if yes provide copy of taxes)
 - Will they be living with you in 2020 and/or will they be claiming the child on their 2020 tax return.
 - Is the other parent enrolled at a College for the 2020-2021 academic year (if yes where).
- 4) Signed statements from your child(ren)’s grandparents (your parents) indicating any assistance they are providing. Also indicate if they claimed you on their 2018 tax return, if yes, provide a copy of their taxes.

| Income Per Month You Received in 2019 | | | |
|--|-------------------------|---|--------------------------|
| | Amount Per Month | Attach Proof | Check if Attached |
| Work Income | \$ | Most Recent Pay Stub | |
| Social Security Benefits | \$ | Social Security Stub/Statement | |
| Food Stamps | \$ | Copy of Link Card/Statement | |
| WIC | \$ | Copy of WIC Folder | |
| Welfare/TANF | \$ | Statement from Agency | |
| Child Support | \$ | Court Document/Bank Statement/Copy of Check | |
| Unemployment Benefits | \$ | Statement from Unemployment | |
| Total Income | \$ | | |

| Expenses Per Month You Paid in 2019 | | | | |
|--|------------------------------|---------------------------------|---------------------------------|--|
| | Total Monthly Expense | Amount You Pay Per Month | Amount Someone Else Pays | If Someone Else Pays, Please List Who |
| Rent/Housing | \$ | \$ | \$ | |
| Utilities | \$ | \$ | \$ | |
| Food | \$ | \$ | \$ | |
| Medical/Dental Ins. | \$ | \$ | \$ | |
| Transportation | \$ | \$ | \$ | |
| Childcare | \$ | \$ | \$ | |
| Total Expenses | \$ | \$ | \$ | |

Do you receive any other assistance not listed elsewhere on this form from family, friends, or other parent of dependent? Yes No If yes, list person, type of assistance, and amount per month.

| Person | Type of Assistance | Amount per Month |
|--------|--------------------|------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Certification Statement

I certify that the information I have provided is accurate and complete to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and/or any other documents submitted.

Student Signature

Date