

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 2022-2023

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 the age of 24 with a dependent to be considered independent themselves and provide more than 50% of their dependent's supplied the following documentation to show that you have sufficient income	for FAFSA purposes, the student must be able to support port through work and/or state assistance. You must submit
You (the student) live: ☐ With your parents	
☐ Other (Please explain AND attach a copy of your lease agreer	ment)
What child care provisions have you made for your child while y cost from the provider, if none is charged, a statement from the p	_
Do you have a medical card for your dependent?	☐ Yes ☐ No ☐ If yes, attach a copy

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 2020 tax return.
- 3) A <u>signed</u> statement from your child's other parent (not you the student) indicating...
 - The amount of child support they paid in 2020
 - Did they live with you
 - Will/Did they claim the child on their 2020 tax return (if yes provide copy of taxes)
 - Will they be living with you in 2022 and/or will they be claiming the child on their 2022 tax return.
 - Is the other parent enrolled at a College for the 2022-2023 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 2020 tax return, if yes, provide a copy of their taxes.

Income Per Month You Received in 2021					
	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 2021					
	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 receiv	e any other	assistance	not listed elsewhere on this	form from fa	amily, friends, or other parent of	
dependent?	☐ Yes	□ No	•			
Person			Type of Assistance		Amount per Month	
					<u>\$</u> \$	
					\$	
Certification	Statement					
•			provided is accurate and con	_	_	
•			-		ncial aid monies received due to other documents submitted.	
maccurate, ra	ise of finisiea	iding imoi	mation provided on this form	ii alid/or aliy	other documents submitted.	
Student Signa	ture			Date		