

## **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 2024-2025

Name	Student ID#
Address	City/State/Zip
Name and Relationship of child(ren) you are supporting	
the age of 24 with a dependent to be considered independent themselves and provide more than 50% of their dependent the following documentation to show that you have sufficient	at you are responsible for a child(ren). In order for a student under dent for FAFSA purposes, the student must be able to support support through work and/or state assistance. You must submit ent income to support yourself and your dependents.
You (the student) live:  ☐ With your parents	
☐ Other (Please explain AND attach a copy of your lease a	agreement)
What child care provisions have you made for your child w cost from the provider, if none is charged, a statement from	while you are in class? Provide documentation showing childcare at the provider noting this.
Do you have a medical card for your dependent?  If no, who provides insurance for your child(ren)?	☐ 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 2022 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 2022
  - Did they live with you
  - Will/Did they claim the child on their 2022 tax return (if yes provide copy of taxes)
  - Will they be living with you in 2024 and/or will they be claiming the child on their 2024 tax return.
  - Is the other parent enrolled at a College for the 2024-2025 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 2022 tax return, if yes, provide a copy of their taxes.

Income Per Month You Received in 2023				
	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		
<b>Total Income</b>	\$			

Expenses Per Month You Paid in 2023				
	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	\$	\$	\$	
<b>Total Expenses</b>	\$	\$	\$	

Do you receive any other	er assistance not listed elsewhere on this	form from family, friends, or other parent of
dependent? ☐ Yes	$\square$ No If yes, list person, type	of assistance, and amount per month.
Person	Type of Assistance	Amount per Month \$
		<u>\$</u> \$
		\$
Certification Statemer		
*	ation I have provided is accurate and con	mplete to the best of my knowledge.  I student financial aid monies received due to
• '		m and/or any other documents submitted.
Student Signature	_	Date