

Student's Name \_\_\_\_\_

GCC ID# \_\_\_\_\_

FINANCIAL AID OFFICE  
2019-2020 VERIFICATION OF SUPPORT OF DEPENDENTS  
A separate form is required for each dependent

According to federal regulations "**dependents**" are children or other persons who live in your home (a residence you own or rent) and receive more than 50% of their living expenses and other financial support from you between July 1, 2019 and June 30, 2020. We are unable to determine if the dependent(s) included on your FAFSA, CA Dream Act Application (if AB4540 or AB2000) or other documents submitted to the Financial Aid Office meet this definition. Complete the form by listing the qualified dependent included in the number in household on your application.

**DEPENDENT STUDENTS:** Have your parents complete the form for the person that they support.

**INDEPENDENT STUDENTS:** Complete the form for the person you (and your spouse, if married) support.

Name of **dependent**: \_\_\_\_\_ Age of **dependent**: \_\_\_\_\_

Current address of **dependent**: \_\_\_\_\_  
Street City State

When did the **dependent** begin living at this address? \_\_\_\_\_  
month / day / year

Are you (or parents, if dependent) legally responsible for the rent/mortgage payments at this address?  Yes  No

Will the **dependent** continue to live at this address until June 30, 2020?  Yes  No

Relationship of **dependent** to the **student**:

- Mother       Father       Child       Sister/Brother       Aunt/Uncle
- Cousin       Niece/Nephew       Grandparent       Other: \_\_\_\_\_  
(please specify relationship of dependent to student)

Report all income sources received by the **dependent**. **Do not leave any income source blank.** If the **dependent** does not receive income from the listed source, put a "0". If someone receives income for the dependent, check the "Yes" box and indicate the relationship of that person to the dependent (i.e. mother, father).

Welfare (TANF / Cal Works)	Amt received per month: \$ _____	<input type="checkbox"/> Yes _____
Social Security / CAPI	Amt received per month: \$ _____	<input type="checkbox"/> Yes _____
General Relief / Refugee Cash Assistance	Amt received per month: \$ _____	
Child Support received from another parent	Amt received per month: \$ _____	<input type="checkbox"/> Yes _____
Income from Work / Unemployment	Amt received per month: \$ _____	
Support from Friends and Relatives	Amt received per month: \$ _____	<input type="checkbox"/> Yes _____
Financial Aid (grants, loans, & scholarships)	Amt received per YEAR: \$ _____	
Other (please specify): _____	Amt received per month: \$ _____	<input type="checkbox"/> Yes _____

If the **dependent** is over the age of 18 and not enrolled as a full-time student, please explain why he or she is not self-supporting (use the back of this form if additional space is needed).

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature (if dependent) \_\_\_\_\_ Date \_\_\_\_\_

FAO:	Eligible Dependent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	FAO Initials _____
------	--	-------------	--------------------