

**Proof of Dependent(s) Form 2016-2017**Printed Name: \_\_\_\_\_  
(Last) (First) (M. initial)

Student ID #: \_\_\_\_\_

Please complete this form to show how you (if you are an independent student) or your parents (if you are a dependent student) provided support for the dependent(s) in the household on the 2016-2017 verification worksheet. If more than one household member is in question, please complete an additional form.

Dependent(s) Support information on this form provided by: ☐ Student ☐ Student's Parent(s)**PART 1. Identify the dependent(s).** You indicated that you (or your parents) will provide more than 50% support between **July 1, 2016 and June 30, 2017** for:

Name	Age	Relationship

**PART 2. Dependent's Residence.** Where is the dependent listed above living?☐ Student ☐ Student's Parent ☐ Other (Name/Relationship to dependent: \_\_\_\_\_)**PART 3. Monthly Expenses.** Complete chart by using the instructions below. Enter "0", if the dependent does not incur a particular expense.

If the dependent(s) support information on this form is provided by the student, please check student in the second column below and provide **MONTHLY** expenses incurred by the student and his/her dependent(s).

**-or-**

If the dependent(s) support information on this form is provided by the parent, please check parent in the second column below and provide **MONTHLY** expenses incurred by the parent and his/her dependent(s).

Expense Type	<input type="checkbox"/> Student <input type="checkbox"/> Parent	Dependent	Who paid this expense?
Housing	\$	\$	
Food	\$	\$	
Utilities	\$	\$	
Medical and Dental Costs (not covered by insurance)	\$	\$	
Transportation	\$	\$	
Clothing	\$	\$	
Childcare	\$	\$	
Insurance	\$	\$	
Other – (i.e. credit cards, etc.) - Please list:	\$	\$	
<b>Total Average Monthly Expenses</b>	\$	\$	

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**PART 4. Student's (or Parent's) Income.** Provide documentation of the student's (if independent) or parent's (if dependent) average **MONTHLY** income from **July 1, 2016 and June 30, 2017**. (i.e. Income from work, social security benefits, unemployment, TANF, Medicaid, food stamps, child support, alimony, etc).

☐ Documentation is attached.

**PART 5. Dependent's Income.** Provide documentation of all **MONTHLY** income (if any) that the dependent(s) receives or will receive in his/her name from July 1, 2016 and June 30, 2017 (i.e. Income from work, social security benefits, unemployment, TANF, Medicaid, food stamps, child support, alimony, etc).

☐ Documentation is attached.

**PART 6. Additional Information.** Please list any additional information which may be beneficial in helping us determine proof of support for your dependent. This section is optional.


**PART 7. Signatures.**

*I hereby swear and affirm that all information reported on this form is true, accurate, and complete to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment if financial aid. [The GMC Financial Aid Office will use your student's email address to contact you on most occasions. You are responsible for checking your GMC student email frequently].*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is dependent)

\_\_\_\_\_  
Date

FOR FINANCIAL AID OFFICE USE ONLY			
Student's/Parent's Total Monthly Expenses	Dependent(s) Total Monthly Expenses	Student's/Parent's Total Monthly Income	Dependent(s) Total Monthly Income
\$	\$	\$	\$