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Proof of Dependent(s) Form 2015-2016

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 a particular person in the household on the 2015-2016 verification worksheet. If more than one household member is in question, please complete a separate form for **each** individual.

Please do not leave any blanks; if not applicable, enter 0. If the form is not complete, the dependent in question will not be counted in the household.

Dependent Support information on this form provided by: ☐ Student ☐ Student's Parent(s)

PART 1. Identify the dependent. You indicated that you (or your parents) will provide more than 50% support between **July 1, 2015 and June 30, 2016** 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. Dependent's Expenses. Provide a list of average **MONTHLY** expenses for the dependent listed above.

Housing (dependent's share)	\$
Food	\$
Utilities (dependent's share)	\$
Medical and Dental Costs (not covered by insurance)	\$
Transportation	\$
Clothing	\$
Childcare	\$
Insurance	\$
Other – (i.e. credit cards, etc.) - Please list: _____	\$
Total Average Monthly Expenses	\$

PART 4. Dependent's Income. List the average **MONTHLY** income that the dependent receives or will receive in his/her name **July 1, 2015 and June 30, 2016**.

Income from Work	\$
Benefits (i.e. Social Security, Unemployment, etc.)	\$
Name of person through which benefit above is received: _____	\$
Benefits (please include amount of each benefit and the name of the person through which the benefit is received)	\$
TANF/Medicaid/Food Stamps	\$
Other (i.e. child support, alimony, etc.) - Please list: _____	\$
Savings accounts/Investments/Retirement	\$
Total Average Monthly Income	\$

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PART 5. Student's (or Parent's) Income. List the student's (if independent) or parent's (if dependent) average **MONTHLY** income **July 1, 2015 and June 30, 2016**. Please note documentation of income may be required upon request.

Income from Work	\$
Benefits (i.e, Social Security, Unemployment, etc.)	\$
Name of person through which benefit above is received: _____	
Benefits (please include amount of each benefit and the name of the person through which the benefit is received)	
TANF Food stamps Medicaid	
Other (i.e. child support, alimony, etc.) - Please list: _____	\$
Savings accounts/Investments/Retirement	\$
Total Average Monthly Income	\$

PART 6. Contributions to Dependent. List the average **MONTHLY** dollar amount that is paid towards the dependent's expenses by each person who provides his/her support.

Student's contribution	
Student's Parent's Contribution	
Other – Name/relationship to dependent: _____	
Other – Name/relationship to dependent: _____	

PART 7. Tax Exemption Status of Dependent.

Indicate who claimed the dependent as an IRS tax exemption in **2013**:

☐ Student ☐ Student's Parent ☐ Other (Name/relationship to dependent _____)

Indicate who claimed the dependent as an IRS tax exemption in **2014**:

☐ Student ☐ Student's Parent ☐ Other (Name/relationship to dependent _____)

PART 8. 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 9. 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