

2017-2018 PROOF OF PARENT(S)' LEGAL DEPENDENTS

Office of Financial Aid

Student name:		SCC ID #:			
Your parent(s) has indicated on the FAFSA support is provided. To include someone as 2017 through June 30, 2018. Please provide must provide sufficient documentation to pro-	a depende de all docun	nt, current support plus nentation showing at le	s future support must I east 50% support for th	pe more than 50% from July 1,	
Failure to submit all documentation will r	esult in a c	correction to the stud	lent's FAFSA to remo	ve legal dependent(s) information.	
WARNING: If you purposely give false or mi You may be fined, sentenced to jail, or both		formation on this work	sheet, you will be repor	ted to the Department of Education.	
Instructions: List all dependent(s) other the medical and dental care, childcare, money, provide the support can include earnings recreeived from other agencies (Medi-Cal, TA	gifts, and ar	nything else your pare work or in-kind suppo	nt(s) may provide. Res rt (housing/food in excl	ources that enable your parent(s) to nange for work) and assistance	
Name of dependent	Age	Relationship to	Date he/she began	Other sources of	
Sara Jones (example)	12	Niece	1/1/2010	SSI, WIC, SNAP, Medi-Cal, etc.	
If more space is needed, plea				•	
regarding your parent's of 2. Documentation of dependent(s) 3. Documentation of benefit(s) you	y the person ependent of for childcar for food an er 24 years contribution by income our parent(on(s) listed above are not federal taxes? The if applicable? If applicable? If a medical needs? If a more than 50% of and/or benefits from the interval of the	ST provide a written of his or her support.	en and signed statement	
My parent(s) cannot attach any do By signing this form, we certify that all					
Student Signature			 Date	Date	
Parent Signature		 Date			