2017-2018 PROOF OF STUDENT'S LEGAL DEPENDENTS

	udent name:			SCC ID #:		
RNING: If you purposely give false or misleading information on this worksheet, you will be reported to the Department of Edimay be fined, sentenced to jail, or both. Puctions: List all dependent(s) other than a spouse or child below. Support for your dependent(s) includes housing, food, ical and dental care, childcare, money, gifts, and anything else you may provide. Resources that enable you to provide the sinclude earnings you receive from work or in-kind support (housing/food in exchange for work), and assistance you receive fincies (Medi-Cal, TANF, SNAP, etc.). Attach additional documentation as needed. Name of dependent	ided. To include someone as a depende as a dependence as a d	ent, current tation show r any legal	support plus future su ing at least 50% supp dependents.	pport must be more thort for the dependent(s)	an 50% from July 1, 2017 throusted below. You must provide	
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Sara Jones (example) 12 Niece 1/1/2010 SSI, WIC, SNAP, Medi-Cal,	dical and dental care, childcare, money, include earnings you receive from work	gifts, and a or in-kind s	nything else you may purport (housing/food onal documentation	provide. Resources that n exchange for work), a as needed.	it enable you to provide the supp and assistance you receive from	
If more space is needed, please attach a separate page with the student's name and SCC ID number at the top. I provide more than 50% support for the person(s) listed above, and have attached ALL of the following 1. Written statement detailing why the person(s) listed above are dependent on you. Please include: - Who claims the child/dependent on federal taxes? - Who pays (or will pay) for childcare, if applicable? - Who pays (or will pay) for food and medical needs? - If the dependent is over 24 years old, he or she MUST provide a written and signed statement regarding your contribution of more than 50% of his or her support. 2. Documentation of dependent(s)' income and/or benefits from all sources	Name of dependent	Age	_	_	Other sources of income for dependent	
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Student Signature

Date