

2018-2019 PROOF OF STUDENT'S LEGAL DEPENDENTS

Student name:			SCC ID #	:
You have indicated on the FAFSA that you have indicated on the FAFSA that you provided. To include someone as a deperture 30, 2019. Please provide all docuprovide sufficient documentation to prove	ndent, current mentation sh	support plus future su owing at least 50% s	upport must be more that	n 50% from July 1, 2018 through
Failure to submit all documentation w This may also result in a change of yo				ve legal dependent(s) information
WARNING: If you purposely give false Education. You may be fined, sentenced	or misleadin	g information on this		e reported to the Department of
Instructions: List all dependent(s) other medical and dental care, childcare, mone port can include earnings you receive fro other agencies (Medi-Cal, TANF, SNAP,	ey, gifts, and a m work or in-k	nything else you may ind support (housing/	provide. Resources that food in exchange for wo	at enable you to provide the sup-
Name of dependent	Age	Relationship to student	Date he/she began living in household	Other sources of income for dependent
Sara Jones (example)	12	Niece	1/1/2010	SSI, WIC, SNAP, Medi-Cal, etc.
If more space is needed, p	olease attach a	separate page with the	student's name and SCC	ID number at the top.
I provide more than 50% supposed for the statement detailing and the chine of the statement detailing and the chine of the statement detailing and the chine of the chine of the statement of the	g why the per ld/dependent ay) for childo ay) for food a over 24 year ibution of mo ent(s)' incom s) you are pro	rson(s) listed above ton federal taxes? eare, if applicable? and medical needs? as old, he or she MU re than 50% of his de and/or benefits frooviding	are dependent on your services a written a provide a written a wri	u. Please include:
By signing this form, I certify that all	information i	s complete and cor	rect to the best of my	knowledge.

Student Signature

Date