



## 2011-2012 Proof of Dependent(s) Form

Please answer **all** questions carefully and attach supporting documentation. DO NOT LEAVE ANY BLANKS. Please print your answers.

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Address: (No. & Street)** \_\_\_\_\_

**(City, State, Zip)** \_\_\_\_\_

1. Please list below the names and ages of **YOUR** dependents and their relationship to you. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.).

**Dependents** are those people who you will support between July 1, 2011 and June 30, 2012. Include your children **if** they get MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

- ✓ they now live with you, and
- ✓ they now get more than half their support from you, and
- ✓ they will continue to get this support from you between July 1, 2011 and June 30, 2012

**Support** includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Where do the above listed dependent(s) live? **(please check the one which applies)**

- With the student? \_\_\_\_\_
- With the student's parent(s)? \_\_\_\_\_
- Other \_\_\_\_\_

If "Other" is checked, please explain: \_\_\_\_\_

3. What child care provisions have you made while you are attending class? **(Explain below)**

\_\_\_\_\_



# Northern Essex Community College

## 2011-2012 Proof of Dependents Form (continued)

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

4. You (the student) will live with whom? **(please check the one which applies)**

- With your parent(s)? \_\_\_\_\_ - With Other? \_\_\_\_\_

If "Other" is checked, please explain: \_\_\_\_\_

5. Were you (the student) claimed by your parent(s) on their 2009 Federal tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Was your dependent claimed by anyone other than you (the student) on the 2009 tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please list the name of that person and their relationship to you (the student):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

7. Will you **receive** child support for any of the dependents listed between July 1, 2011 and June 30, 2012? If **yes**, how much?

Yes \_\_\_\_\_ \$ \_\_\_\_\_/month No \_\_\_\_\_

8. Who provides health insurance for your dependent? \_\_\_\_\_

9. Do you currently **receive** any subsidies for the following: *Medical Insurance, Housing, Utilities, Food stamps or TANF (AFDC)/Welfare*? If **yes**, list the total amount received per month.

\$ \_\_\_\_\_/month

10. Will you **pay** child support for any of the dependents listed between July 1, 2011 and June 30th, 2012? If **yes**, how much?

Yes \_\_\_\_\_ \$ \_\_\_\_\_/month No \_\_\_\_\_

11. Please list your expected **2011 income and benefits**:

- Expected 2011 income earned from work: \$ \_\_\_\_\_ for the year
- Expected 2011 untaxed income: \$ \_\_\_\_\_ for the year **Source:** \_\_\_\_\_

**By signing this form, I certify that all the information reported is complete and correct.**

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

Date: \_\_\_\_\_