

STUDENT NAME: _____

NECC ID: _____

Students who report that they have legal dependents on the FAFSA, or who have listed **Other Children age 24 or older** or **Other People** on the Verification Worksheet must prove that more than half of the support for that person is provided by the independent student or parent(s) of a dependent student, and that the student or parent(s) will continue to provide more than half support through June 30, 2020.

Support includes money, housing, food, clothes, car, medical/dental care, payment of college costs, and similar expenses.

The legal dependent must also currently live with you (independent student) and/or with your parent(s), and will continue to do so through June 30, 2020.

DIRECTIONS: Please check one box and follow the instructions as to how to complete the form.

OPTION 1:

I/we made an error when completing my FAFSA or Verification Worksheet. I/we do not have any legal dependents that are receiving more than half of their support from me (independent students) or my parent (dependent students).

If you checked this box, sign and date the second page, and return this form to Student Financial Services.

OPTION 2:

I/we did not make an error and I/we do support the following dependent(s) below. *If you checked this box, please complete the remainder of the form by answering the questions for each dependent, sign and date the second page, and return this form to Student Financial Services with any requested documentation attached.*

	Dependent #1	Dependent #2	Dependent #3
Dependent's Name	_____	_____	_____
Dependent's Age	_____	_____	_____
Relationship to Student	_____	_____	_____
Does the dependent currently live with you and/or your parent(s) and will the dependent continue to do so through June 30, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the dependent receive more than 50% of their support from you or your parent(s) and will the dependent continue to receive this support through June 30, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Section 2 continued)

Does the dependent have their own source(s) of taxable income from a job or self-employment?

Yes No

If yes, list amount earned per month

\$ _____

Does the dependent have their own source(s) of income from pensions or Social Security or other federal or state benefits?

Yes No

If yes, list sources and monthly amounts:

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

Dependent #2

Yes No

If yes, list amount per month

\$ _____

Yes No

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

Dependent #3

Yes No

If yes, list amount per month

\$ _____

Yes No

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

Source _____
Amount per month \$ _____

REQUIRED:

Please write a brief statement below stating why the person listed should be included in your household for 2019-2020. Any supporting documents must be submitted with this form. If you have more than 3 legal dependents, attach a separate sheet with the additional information.

By signing this worksheet, I certify that all the information reported is complete, true, and accurate to the best of my knowledge. I understand that I may be required to provide additional information at the request of Student Financial Services.

STUDENT'S SIGNATURE

DATE

PARENT (OF DEPENDENT STUDENT)

DATE

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.