

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

NECC ID: \_\_\_\_\_

Legal dependents are people who live with you (if you are an independent student) and/or with your parent(s) (if you are a dependent student) and receive more than half of their support from you or your parent(s) as of the date you signed the FAFSA. In order to count someone as a dependent, the support already given plus future support must be more than 50% for July 1, 2018 through June 30, 2019.

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

**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 and I/we do not have any dependents that are receiving more than half of their support from parent(s). *If you checked this box, sign and date the second page, and return this form to the financial aid office.*

**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 the financial aid office with any requested documentation attached.*

| <u>SECTION 1:</u>   | <u>Dependent #1</u>  | <u>Dependent #2</u>  | <u>Dependent #3</u>  |
|---|--|--|--|
| Dependent's Name  | _____  | _____  | _____  |
| Dependent's Age   | _____  | _____  | _____  |
| Relationship to Student   | _____  | _____  | _____  |
| Was the dependent claimed on your 2017 tax return or your parents?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, STOP and attach copy of 2017 federal tax return, sign, date and return the form. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, STOP and attach copy of 2017 federal tax return, sign, date and return the form. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, STOP and attach copy of 2017 federal tax return, sign, date and return the form. |
| <u>SECTION 2:</u>   |  |  |  |
| Does the dependent currently live with you or your parent(s) and will the dependent continue to do so through June 30, 2019?  | <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, 2019? | <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 \$ \_\_\_\_\_

If you have additional information that you would like us to take into consideration regarding the support of the dependent(s) listed above, please write a brief statement below. 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.

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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 the Financial Aid Office.

\_\_\_\_\_  
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.**