



SOUTHWESTERN COLLEGE FINANCIAL AID

2012 – 2013 Proof of Dependent Support

(PRINT LEGIBLY AND IN INK)

Student's Name: _____
(last) (first) (m. initial)

Student ID #: _____

This form is used to explain how a student (if the student is Independent) or a student's parents (if student is Dependent) provides *more than half* (at least 51%) of the support for a particular dependent claimed on the student's 2012-2013 FAFSA and/or supporting documents. If claiming more than one dependent a form must be completed for **each** dependent.

Please do not leave any blanks; if not applicable, enter 0. **If the form is not complete, the dependent in question will not be counted in the household.**

Dependent Support information on this form provided by: Student Student's Parent(s)
 Please list the name of the Individual providing support for the Dependent listed below: _____

PART 1. Identify the Dependent

You indicated that you (or your parents) will provide more than half of the financial support between **July 1, 2012** and **June 30, 2013** for:

Name	Age	Relationship

PART 2. Dependent's Residence

Where is the dependent listed above living? (*Check all that apply*):

Student Student's Parents Other (name/relationship to dependent: _____)

PART 3. Dependent's Expenses

Provide the cost of the average MONTHLY expenses for the dependent listed above only. Do not include the full expenses for the entire household in this section:

HOUSING (dependent's share)	\$ _____
FOOD	\$ _____
UTILITIES (dependent's share)	\$ _____
MEDICAL AND DENTAL COSTS not covered by insurance	\$ _____
TRANSPORTATION Cost	\$ _____
CLOTHING Cost	\$ _____
DAYCARE Cost (if applicable)	\$ _____
OTHER Expenses – Please Explain	\$ _____
TOTAL AVERAGE MONTHLY EXPENSES (For Dependent only)	\$ _____

PART 4. Dependent's Income

List the average MONTHLY income that the **dependent** receives or will receive in his/her name from **July 1, 2012 through June 30, 2013**. (Sources may include income from work, child support, TANF, Food Stamps, Social Security Benefits, etc.)

Work income (e.g., wages)	\$ _____
Benefits (e.g., TANF, Social Security, Unemployment, etc.)	\$ _____
Other (_____)	\$ _____
Saving Accounts/Investments	\$ _____
TOTAL AVERAGE MONTHLY INCOME	\$ _____

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PART 5. Student's (or Parents') Income

List the student's (if student is Independent) or parent's (if student is Dependent) average MONTHLY income from **July 1, 2012 through June 30, 2013**. (Sources may include job compensation, child support, TANF, Food Stamps, Social Security Benefits, etc.)

Work income (e.g., wages)	\$ _____
Benefits (e.g., TANF, Social Security, Unemployment, etc.)	\$ _____
Other (_____)	\$ _____
Saving Accounts/Investments	\$ _____
TOTAL AVERAGE MONTHLY INCOME	\$ _____

PART 6. Contributions to Dependent

List the average MONTHLY contribution from **each person** who provides support for the dependent:

Student's contribution	\$ _____
Student's Parents' contribution	\$ _____
Other (name/relationship to dependent: _____)	\$ _____
Other (name/relationship to dependent: _____)	\$ _____

PART 7. Tax Exemption Status of Dependent

Indicate who claimed the dependent as an IRS tax exemption in **2011**:

Student Student's Parents Other (name/relationship to dependent: _____)

Indicate who *will claim* the dependent as an IRS tax exemption in **2012**:

Student Student's Parents Other (name/relationship to dependent: _____)

Additional Information (optional):

I hereby swear and affirm that all information reported on this form is true, accurate and complete to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

Parent Signature (if student is Dependent)

Date