

STUDENT FIRST NAME: _____ **M.I.:** _____ **LAST NAME:** _____

You filed your FAFSA as an Independent student based on the fact that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the sole basis for your Independent status, it is necessary for us to verify the information. RETURN SIGNED FORM TO CCC FA OFFICE. Additional information may be requested.

DEPENDENT INFORMATION

Name	Birthdate	Relationship to You

Will your dependent(s) continue to live with you for the entire 2023-2024 school year? Yes No

Do you and /or your dependent(s) live with your parents? Yes No

Are you receiving support for your dependent(s)? Yes No Amt=\$ _____

Who claimed you as a tax exemption in 2021? _____

Who will claim you as a tax exemption in 2022? _____

Who claimed your dependent(s) as a tax exemption in 2021? _____

Who will claim your dependent(s) as a tax exemption in 2022? _____

Who provides medical insurance for you? _____

Who provides medical insurance for your dependent(s)? _____

SIGNATURE I certify all information to be accurate. False information may result in fines, jail sentencing or both. If it is determined you do not provide 50% of your dependent(s) support, you will be required to report your parents information before your financial aid will be processed.

Student Signature Date