

**VERIFICATION OF INDEPENDENT STATUS DUE TO DEPENDENTS**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

You are classified as an independent student because you indicated on the FAFSA that you provide more than 1/2 the support for a dependent(s). *To verify that the status is accurate, this form must be completed and returned to the SCC Financial Aid Office.*

**Please provide a clear response to ALL of the following questions. If you fail to answer all questions or leave any questions blank, this will delay the processing of your financial aid application.**

Please list all of your dependents below, also list their age and relationship to you. (If you need additional space attach a separate page.)

Name:	Age:	Relationship to you:
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. As of today, you and your dependents live with:

- Parent
- Other Relative
- Friend
- Have own residence
- Significant Other

2. As of today, do you receive money from:

- Employment
- Significant Other
- Social Security Benefits
- Other: \_\_\_\_\_
- Parent
- Friend
- Relative

**You must provide valid documentation of ALL income (example: Copies of most recent pay-stub, statement from DSS, written letter).**

**Acknowledgement:** I certify that the information provided on this form is true and factual to the best of my knowledge.

\_\_\_\_\_ (Student signature) \_\_\_\_\_ (Date)