

Form 8
2023-2024
VERIFICATION OF INDEPENDENT
STATUS DUE TO DEPENDENT

SCC IS VERIFYING YOUR SUPPORT OF A DEPENDENT

Completing this form is required and will help us determine the support for your dependent

tudent Name:			ID Number:	
A. Dependent(s	s)		B. Where You Live	
Name	Age	Relationship	Check the Box Which Applies	
			With Parent(s)	
			With Friend/Relative	
			With Significant Other	
			My Residence	
C. How You Pay	Bills			
			Who Pays it OR Income Source	
Rent/Mortgage		☐ Employment☐ My Parent	☐ Significant Other ☐ Social Security ☐ Friend/Relative ☐ Other:	
Food/Meals		☐ Employment☐ My Parent	☐ Significant Other ☐ Social Security ☐ Friend/Relative ☐ Other:	
Utilities		☐ Employment☐ My Parent	☐ Significant Other ☐ Social Security ☐ Friend/Relative ☐ Other:	
Personal Support (clothing, auto, medical, childcare, cell phone, etc)		☐ Employment☐ My Parent	☐ Significant Other ☐ Social Security ☐ Friend/Relative ☐ Other:	
_	•		ntation is Required t); Friend/Relative/Significant Other (Signed Letter)	
e SCC Financial Aid Office i estions or assistance pleas			n if inconsistent or conflicting information is received. Fe.	
knowledgement: I certify	that the above in	formation is true an	d accurate to the best of my knowledge.	
dent Signature		Date		

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to prison, or both.