



Rockingham COMMUNITY COLLEGE

Financial Aid Office PO Box 38 Wentworth NC 27375

Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: finaid@rockinghamcc.edu

#83

2020-2021 Proof of Dependents Form

Student's Name _____ RCC ID# _____

Your independent student status is based solely on your answers to dependency status questions on the 2020-2021 FAFSA where you indicated you have a child(ren) or other dependents whom you will provide support more than 50% financially between July 1, 2020 and June 30, 2021. Support includes, but is not limited to: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. Please answer ALL questions carefully and attach supporting documentation. The Financial Aid Office will review the information provided on this form and determine if you qualify as an independent student.

****If you do not provide more than 50% of the financial support for your children or dependents, you must correct the answer on your 2020-2021 FAFSA to "No" and provide parental information and signature.****

Dependent Information

List all children/dependents for whom you provide more than 50% of their financial support for the 2020-2021 school year.

Name	Date of Birth	Relationship to Me	Child Lives with Me (circle one) Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

- Do your children/dependents currently live with you? Yes / No
- Will your children/dependents continue to live with you for the entire school year? Yes / No
- Do you and/or your children/dependents live with your parents? Yes / No

If no, what is your current address? _____

Who lives at this address with you? List name, age and relationship of each member of your household.

- Do you provide medical insurance for your children? Yes / No (If yes, provide a copy of medical card.)
If not, who is providing the medical coverage? _____
- If your dependent is 18 years or older, do they currently work? Yes / No

Income Information

List your **current monthly** income below. Do not leave any blanks. If none, enter "0." Attach documentation of any income greater than "0."

Wages, salaries, tips	\$	Veteran's Benefits	\$
Unemployment	\$	Social Security/SSI	\$
Child Support	\$	Public Assistance (SNAP, TANF, WIC, etc)	\$
Disability	\$	Worker's Comp	\$
Other (Identify)	\$	Other (Identify)	\$



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Expenses Information

Monthly Expenses	Average Monthly Amount	Individual or Program Paying the Expense
Rent / Mortgage	\$	
Electric / Gas	\$	
Food	\$	
Auto Expenses / Transportation	\$	
Insurance / Medical Expenses	\$	
Other	\$	

Certifications and Signatures

Signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Student Signature _____ Date _____