2024-2025 LEGAL DEPENDENT VERIFICATION

INSTRUCTIONS:

You filed your FAFSA as an independent student since 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 basis for your independent status it is necessary for us to verify the information. Please complete the form below. Additional information may be requested.

A. STUDENT INFORMATION

Student Name:	NCCC	C Student ID:
Permanent Address:		
City/State/Zip:	Phone:	
B. DEPENDENT INFORMATIO	N	
Name:	Birth date:	Relationship to you:
Name:	Birth date:	Relationship to you:
Name:	Birth date:	Relationship to you:
Will your dependent(s) continue	e to live with you for the entire 2024-2	2025 school year? YES or NO
Do you and/or your dependent((s) live with your parents? YES or NO	
Who claimed you as a tax exem	ption in 2022?	
Who will/did claim you as a tax	exemption in 2023?	
Who claimed your dependent(s) as a tax exemption in 2022?	
Who will/did claim your depend	lent(s) as a tax exemption in 2023?	
Who provides medical insurance	e for you?	
Who provides medical insurance	e for your dependent(s)?	

C. MONTHLY INCOME - List your current monthly income below:

Wages, salaries, tips	Veteran's Benefits	
Unemployment	Social Security/SSI	
Child Support	Public Assistance	
Workers Comp	Support from Relatives/Friends	
Other (specify)	Other (specify)	

D. CERTIFICATION

By signing below, I certify that the information provided is accurate and complete. If it is determined you do not provide 50% of your children's support, you will be required to provide your parents information before your financial aid will be processed.

Student's signature: _____ Date: _____ Date: _____