

**2025-2026 LEGAL DEPENDENT VERIFICATION**

**INSTRUCTIONS:** You filed your financial aid application (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 between July 1, 2025, and June 30, 2026. Since this statement is the basis for your dependency status, is it necessary for us to verify the response. Answer each of the following questions. Additional information may be requested.

**A. STUDENT INFORMATION**

Student Name: \_\_\_\_\_ NCCC Student ID: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. DEPENDENT INFORMATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Will your dependent(s) continue to live with you for the entire 2025-2026 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 exemption in 2024? \_\_\_\_\_

Who will/did claim you as a tax exemption in 2025? \_\_\_\_\_

Who claimed your dependent(s) as a tax exemption in 2024? \_\_\_\_\_

Who will/did claim your dependent(s) as a tax exemption in 2025? \_\_\_\_\_

Who provides medical insurance for you? \_\_\_\_\_

Who provides medical insurance 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: \_\_\_\_\_