

## 2026-2027 LEGAL DEPENDENT VERIFICATION

**INSTRUCTIONS:** You filed your financial aid application (FAFSA) as an independent student indicating you have children or other dependents that live with you and receive more than half of their support from you between July 1, 2026, and June 30, 2027. 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 2026-2027 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 2025? \_\_\_\_\_

Who will/did claim you as a tax exemption in 2026? \_\_\_\_\_

Who claimed your dependent(s) as a tax exemption in 2025? \_\_\_\_\_

Who will/did claim your dependent(s) as a tax exemption in 2026? \_\_\_\_\_

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)

**SUBMIT A SIGNED COPY OF YOUR 2025 FEDERAL INCOME TAX RETURN.**

### D. CERTIFICATION

Statement of Certification: I certify that all the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. If it is determined you do not provide 50% of your children's support, you will be required to provide your parents' information on the FAFSA. *Warning: If you purposely give false or misleading information you may be fined, sentenced to jail or both.*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Return to:

North Country Community College  
Financial Aid Office  
23 Santanoni Ave.  
Saranac Lake, NY 12983  
Phone: 518-891-2915 Ext 1687  
email: financialaid@nccc.edu