

## Independent Because of Dependents 2009/2010

Federal student aid programs are based on the principle that the primary responsibility for financing your education lies with you and your parents. When you completed the **Free Application for Federal Student Aid (FAFSA)**, the questions in the Student Status section determined you to be an **independent** student. You were deemed to be independent solely because you have dependents that you provided more than half of their support. We must request that you complete this form and return it along with the documents requested to the financial aid office.

Name: \_\_\_\_\_  

Last Name
First Name
Middle Initial
Maiden Name

Student ID #: \_\_\_\_\_ Last Four Digits of Social Security No.: XXX-XX - \_\_\_\_\_

**Please list the names and ages of YOUR dependents and their relationship to you. You must attach one of the following documents for each dependent: copy of your 2008 Federal Income Tax Return where person is claimed as dependent, birth certificate, adoption papers, or court documents for legal guardianship.**

Dependents are those people that you will support between July 1, 2009 and June 30, 2010. Include your children if they get **MORE THAN HALF** of their support from you. Include other people only if they meet the following criteria:

1. they now live with you, and
2. they now get more than half of their support from you, and will continue to get this support from you next year.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation to substantiate your claim of support for the persons listed below as dependents.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Where do the dependent(s) named above live?**

- with the student
- with the student's parent(s)
- other

If "other" is checked, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Was your dependent claimed by anyone other than you (the student) on your previous year tax return?**

- Yes
- No

If yes, please list the name of the person and their relationship to you:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**You (the student) will live:**

- with your parent(s)
- yourself
- other

If "other" is checked, please explain who you live with and for how long. How much rent do you pay each month? How long has this arrangement been going on?

\_\_\_\_\_

\_\_\_\_\_

**Were you (the student) claimed by your parent(s) on their 2008 Federal Income Tax Return?**

- Yes
- No



Attn: Office of Financial Aid  
PO Box 804  
Spindale, NC 28160

Did you work in 2008? . Yes No If yes, what were your earnings? \_\_\_\_\_

Are you currently working? . Yes No If yes, what is your average weekly earnings? \_\_\_\_\_

Did you/will you file a 2008 Federal Tax Return (1040, 1040A, or 1040EZ)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a complete signed photocopy. If no, list the name of your employer(s) and your weekly/monthly income from that/those employer(s). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification of Benefits**

Type of Benefits	Amount Per Month
<i>Unemployment</i>	
<i>Social Security</i>	
<i>Food Stamps</i>	
<i>Temporary Assistance for Needy Families</i>	
<i>WIC</i>	

**Student Signature Block**

I certify that (1) the information provided is true and correct and (2) I was not claimed as an income tax exemption by another individual (other than my spouse) for 2008. Furthermore, I agree to provide copies of my US Federal Income Tax Return(s). I understand that if I purposely give false or misleading information in connection with my application for Federal Aid, I may be subject to a fine up to \$20,000, sent to prison, or both. I also understand that the information provided on this form may be used to override federal regulations regarding my dependency status. I understand that if I move back in with my parent(s) or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

\_\_\_\_\_  
**Student's Signature**  
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\_\_\_\_\_  
**Date**