

2019-2020 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN

Student's Name _____ Student's ID Number _____

- **Independent** -You indicated you have dependents other than your children or spouse, or are still supporting children 24 years of age or older. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2020? *Support includes money, housing, food, clothes, medical and dental care, gifts, loans, payment of college costs, etc.*
OR
- **Dependent** - You indicated your parents have dependents other than their children or spouse, or are still supporting their children 24 years of age or older. Do your parents have dependents who are not your parents' children but who live with your parents and receive more than half of their support from your parents, and will continue to receive more than half of their support from your parents, now and through June 30, 2020? *Support includes money, housing, food, clothes, medical and dental care, gifts, loans, payment of college costs, etc.*

1. Check the box that applies:

- No**→ Select **No** if you/your parents do not have dependents (other than your children or spouse). Also, select **No** if you/your parents have other dependents, but they are not be receiving more than half of their support from you/your parents. *Skip to 4. Certifications and Signatures.*
- YES**→ Select **Yes** if you/your parents have dependents (other than your/their children or spouse). In the chart below, list the people who meet the following criteria:
 - 1) They live with you/your parents now
 - 2) You/your parents provide more than half of their support, and
 - 3) You/your parents will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

2.

Full name of dependent	Age	Relationship to student

3. Check the box that applies IF you answered “YES”:

- The dependent was not employed and had no income earned from work in 2017.
- The dependent was employed in 2017. Provide copies of all 2017 IRS W-2 forms issued by their employers. If your dependents listed above have filed or will file a 2017 federal tax return, have them obtain their 2017 IRS tax return transcripts.

4. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

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

Student's Signature (Required)

Date

Other Dependent Signature (Required unless minor)

Date

Parent's Signature (Required if student is dependent)

Date

Please return this completed form to Indian Hills Community College along with any other requested materials:
 Fax: 641.683.5741 | Mail: IHCC Financial Aid Office, 525 Grandview Ave, Ottumwa, IA 52501
 or bring to One Stop/Bennett Student Services Building

You can check your financial aid document status, print required forms, and view your financial aid award information (once available) on WebAdvisor.