2020-2021 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN

Student's Name	Student's ID Number			
 Independent -You indicated you have dependent children 24 years of age or older. Do you have de you and who receive more than half of their supprincludes money, housing, food, clothes, medical of their supprincludes money. Dependent - You indicated your parents have desupporting their children 24 years of age or older children but who live with your parents and receive continue to receive more than half of their supportincludes money, housing, food, clothes, medical and the supporting their supporting	ependents ort from your and denta ependents . Do your pour the definition you	ou, nover the country of the country	than your children or spouse and through June 30, 202 gifts, loans, payment of collection than their children or spouse have dependents who are of their support from your pats, now and through June 3	se) who live with 1? Support ege costs, etc. e, or are still not your parents' parents, and will 30, 2021? Suppor
1. Check the box that applies:	and donia	r ouro,	gme, roane, paymont or our	ogo 00010, 010.
□ No→ Select No if you/your parents do not h select No if you/your parents have other del support from you/your parents. Skip to 4. Co	pendents,	but the	ey are not be receiving more	
 ☐ YES→ Select Yes if you/your parents have chart below, list the people who meet the fo 1) They live with you/your parents now 2) You/your parents provide more than had 3) You/your parents will continue to providure 30, 2021. 	llowing cri alf of their	teria: suppo	rt, and	
Full name of dependent		Age	Relationship to student	
T distribution deposits in		7.90	Troising to ottodon	
3. Check the box that applies IF you answered "Y	'ES":			
$\hfill\Box$ The dependent was not employed and had	no income	e earne	d from work in 2018.	
The dependent was employed in 2018. Prove employers. If your dependents listed above obtain their 2018 IRS tax return transcripts.				
4. Certifications and Signatures				7
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.		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