2021-2022 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN

Student's Name		Student's ID Number		
 Independent -You indicated that you have dependent who is 24 years old or older. Do you have dependent and who receive more than half of their support from money, housing, food, clothes, medical and dental OR Dependent - You indicated that your parents have a child who is 24 years old or older. Do your parent who live with your parents and receive more than half of their support from your parents, housing, food, clothes, medical and dental 	ents (other that om you, now and care, gifts, load edgendents (ats have dependents of their suparents, now ar	n your children or spond through June 30, 2 ans, payment of collectors who are not you poort from your parent of through June 30, 2	ouse) who live with you 022? Support includes ge costs, etc. en or spouse), or support ur parents' children but ts and will continue to 022? Support includes	
1. Check the box that applies:	, 3	71 7	,	
□ No→ Select "No" if you/your parents don't hat select "No" if you/your parents have depended support from you/your parents. Skip to 4. Cell	ents, but they a	aren't receiving more		
 ☐ YES→ Select "Yes" if you/your parents have chart below, list the people who meet the follow. 1) They live with you/your parents now. 2) You/your parents provide more than halm 3) You/your parents will continue to provide June 30, 2022. 	owing criteria: If of their suppo	ort, and	·	
Full name of dependent	Age	Relationship to stud	dent	
3. Check the box that applies IF you answered "YE	ES":			
☐ The dependent was not employed and had no	o income earn	ed from work in 2019.		
☐ The dependent was employed in 2019. Provide employers. If your dependents listed above filed 2019 IRS Tax Return Transcript(s) or a signed of the control	<u>d or will file</u> a 2	019 IRS income tax re	eturn, have them provide	
4. Certifications and Signatures				
Each person signing below certifies that all of the		WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.		
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Student's Signature (Required)		Date		
Other Dependent Signature (Required unless minor)		 Date		
Time. Depondent enginetials (respanse unicos millor)		Dato		
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