



2024-25 Proof of Dependent Support

Student Name _____ Banner ID _____

In order to verify your status as an independent student for financial aid purposes, we must collect this information from students under 24 years of age who have answered YES to one or both of the FAFSA questions reporting that you provide more than half the financial support for children or other legal dependents.

Part 1: Please answer the following questions about your dependent(s).

Do your dependent(s) live with you?	Yes	No
Can you provide proof that you contribute over 50% of their financial support?	Yes	No
Do you and/or your dependent(s) live with your parent(s)?	Yes	No
Do your dependent(s) have their own income, such as child support or social security? If yes, enter on Part 4 of this worksheet.	Yes	No

Part 2: Not including yourself, please list the names of all the people you live with and whether or not you provide more than 50% of their financial support. Additional people in your household may be listed at the bottom of page 2 of this form, if needed.

Name	Is this person your dependent?	Relationship to you	Will you provide more than half of their financial support from 7/1/24 through 6/30/25?
1	Yes No		Yes No
2	Yes No		Yes No
3	Yes No		Yes No
4	Yes No		Yes No
5	Yes No		Yes No
6	Yes No		Yes No

Part 3: Please list all of your household's expenses each month.

Expense Type	Monthly Amount Paid By You	Monthly Amount Paid – TOTAL	Who is responsible for paying the rest?
<i>Example: Housing (rent or mortgage)</i>	\$400	\$1200	<i>Momma Rondack</i>
Housing (rent or mortgage)	\$	\$	
Utilities (electricity, gas, water)	\$	\$	
Transportation (car loan, insurance, gas, etc.)	\$	\$	
Food	\$	\$	
Medical/Dental	\$	\$	
Other (please specify) _____	\$	\$	
TOTAL MONTHLY EXPENSES**	\$	\$	

Part 4: Please list all income in your household and indicate who receives it each month.

Source of Income	Name of Recipient(s)	Monthly Amount
<i>Example: Social Security/Disability</i>	<i>Eddy Rondack</i>	<i>\$800</i>
Employment (wages)		\$
Unemployment Benefits		\$
Social Security/Disability		\$
SNAP (food stamps)		\$
Welfare, TANF, Public Assistance, WIC		\$
Child Support Received for all Children		\$
Workers' Compensation		\$
Bills paid by someone else on your behalf		\$
Cash or gifts paid by others		\$
Other Income (please specify) _____		\$
TOTAL MONTHLY INCOME**		\$

By signing this worksheet, I certify that the above information is true and is a complete representation of my financial status. I agree to provide supporting documentation to verify such, if requested.

Student Signature _____ Date _____

- Return completed form via fax 518.743.2314 or email finaidoffice@sunyacc.edu or in person at 640 Bay Road, Warren Hall - Financial Aid Office

Space for additional notes/comments, if needed:

For office use only: Total number of household members: ____ Expense per household member: ____ Student income: ____ 50% threshold met? Y / N
