BARTON COMMUNITY COLLEGE

Dependent Support

Student Information

Name:	ID/SSN:
Phone:	Email:

You indicated on your federal aid application that you have children who receive more than half of their support from you. Since this statement is the basis for your independent status, it is necessary for you to validate your response. Please answer the following questions. Additional information may be requested.

1. What is the birth date of your dependent(s)? _____ _____
2. Who claimed/will claim you as a tax exemption in: 2013_____ 2014_____
3. Who claimed/will claim your dependent(s) in: 2013_____ 2014_____
4. Who provides medical insurance for: You_____ Your Dependent _____
5. Please estimate your income for 2014: $ _____
6. Who pays for day care expenses for your dependent(s)? _____
7. Did you receive child support in 2013? If yes, how much and from whom? $_____ _____
8. Will you receive child support in 2014? If yes, how much and from whom? $_____ _____
9. How much child support did you/will you pay in: 2013 _____ 2014 _____
10. Did you receive financial support for food, housing or other basic subsistence for your child or yourself in 2013? If yes, how much and from whom? _____
11. Will you receive financial support for food, housing or other basic subsistence for your child or yourself in 2014? If yes, how much and from whom? _____
12. Where will you <u>and your dependent</u> be residing while you attend Barton?
    ___On-campus
    ___Off-Campus, alone with my dependent.
    ___With Parents, If living with parents, how much will you contribute for rent, etc.? _____
    ___Off-Campus with a person who provides support for your dependent and/or you.
    ___Off-Campus with others who are not providing support for you or your dependent
    ___My dependent does not live with me: Explain_____

Student Signature: _____ Date: _____

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