



Financial Aid Office  
 444 Western Boulevard  
 Jacksonville, North Carolina 28546  
[www.coastalcarolina.edu](http://www.coastalcarolina.edu)

## 2021-2022 Proof of Dependent Support

You have indicated on your 2021-2022 Free Application for Federal Student Aid (FAFSA) that you have dependents who will receive more than half of their support from you between July 1, 2021 and June 30, 2022. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for your dependent(s). Support includes, but is not limited to the following: money spent on food, housing, clothing, health insurance, child care, transportation and other necessities. The financial aid office will review the information provided on this form to determine if you qualify.

\_\_\_\_\_  
 Student's Last Name                  Student's First Name                  Student's M.I.                  Student's Social Security Number

\_\_\_\_\_  
 Student's Address (Include City, State and Zip Code)                  Student's Phone Number

**If you are unable to provide adequate documentation demonstrating you provide more than half of the support for your dependent, you must correct your FAFSA at [www.fafsa.gov](http://www.fafsa.gov) to include parent information.**

**1. Please list the names and ages of your dependents and their relationship to you.**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____		
_____		
_____		

**2. Where are you currently living?**     own home     with parent(s)  
 Other: \_\_\_\_\_

**3. Where is your dependent(s) currently living?**     with you the student     with the student's parent(s)  
 Other: \_\_\_\_\_

**4. Do you pay child care costs for your dependent(s)?**     Yes     No  
 If yes, attach proof of payment

**5. Do you provide medical coverage for your dependent(s)?**     Yes                   No  
 If yes, provide a copy of the medical card.  
 If no, who provides medical coverage? \_\_\_\_\_

**6. Do you receive child support for your dependent(s)?**     Yes \$ \_\_\_\_\_ /month     No  
 If yes, submit supporting documentation

**7. Do you pay child support for your dependent(s)?**     Yes \$ \_\_\_\_\_ /month     No  
 If yes, submit supporting documentation

8. Do any of your (or dependent's) relatives provide you financial support?  Yes  No

If yes, who provides support and how much per month? \_\_\_\_\_

9. Do you receive any of the following types of assistance or benefits?

WIC  Food Stamps  TANF  Medicaid  Other \_\_\_\_\_  None

10. Are you currently employed?  Yes  No

If yes, submit a copy of your most recent pay stub.

11. Provide the following monthly household living expenses which are billed in your name:

Housing (mortgage, rent, other)	\$ _____	
Utilities (electricity, gas, water)	\$ _____	
Food	\$ _____	
Phone/Cable	\$ _____	
Transportation (insurance, car payment)	\$ _____	Monthly Total \$ _____

Additional information you feel helps demonstrate you provide 50% of support for your dependent(s): \_\_\_\_\_

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I certify that all of the information reported on this worksheet is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***Submit this worksheet to the financial aid administrator at your school.  
You should make a copy of this worksheet for your records.***