



2024-2025 Proof of Dependent Support

Financial Aid Office
444 Western Blvd
Jacksonville, NC 28546-6816
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

You have indicated on your 2024-2025 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, 2024 and June 30, 2025. 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.studentaid.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 (student) currently living? own home with parent(s) with other
If other, where are you living: _____

3. Where is/are your dependent(s) currently living? student student's parent(s) other
If other, where is/are your dependent(s) living: _____

4. Do you pay rent/mortgage costs for your dependent(s)? Yes No
If yes, attach a copy of the lease or mortgage statement

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

6. 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? _____

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

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

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

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

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

WIC Food Stamps TANF Medicaid Other _____ None

11. Are you currently employed? Yes No

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

12. 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):

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

Student Signature

Date

<p>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</p>
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*Submit this worksheet to the financial aid administrator at your school.
You should make a copy of this worksheet for your records.*