

2024-2025 Proof of Other Legal Dependents

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 dependent(s), *other than a spouse or child,* who lives with you and 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 legal documentation verifying this situation.

udent's Last Name	Student's First Name	Student's M.I.	Student's Soc	ial Security Number
udent's Address (Includ	de City, State and Zip Code)		Student's Pho	ne Number
<u>EP ONE</u> : Please lis	st the names and ages of	your dependents a	and their relation	ship to you.
<u>Name</u>	<u>Age</u>		Relationship	
Where are you curr	rently living? 🗆 own hom	e □ with parent(s) Other	
Where does the ab	ove-named dependent(s)	live? with stude	nt 🗆 Other	
Did you claim the a	bove-named dependent(s) on your current	federal tax retur	n?
□ Yes - submit a c	opy of your current federal	tax return showing of	dependents claim	ed on tax return.
	ritten and signed statement n of more than 50% of his/h		om your depende	ent regarding your
	hat all of the information posely give false or misle or both.			
	tures ow certifies that all of the inform owas reported on the FAFSA		nplete and correct.	The student and one
				WARNING: If you
udent's Signature			Date	purposely give false or misleading information, you may be fined, sent to
				prison, or both.

Date

Parent's Signature (Dependent students only)