



444 Green Street, Gardner, MA 01440-1000
Financial Aid Office (978)630-9169

2011-2012 Academic Year

Proof of Dependent(s) Form

Please answer ALL questions carefully and attach supporting documentation. DO NOT LEAVE ANY BLANKS.
Please print your answers.

Student Name _____ Social Security Number _____
Address _____ MWCC ID # _____
City, State _____ Zip Code _____

1. Please list the names and ages of **YOUR** dependent(s) and their relationship to you. **You must attach legal documentation of their relationship** (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2011 and June 30, 2012. Include your children if they get MORE THAN HALF of their financial support from you. Include other people only if they meet the following criteria:

1. they now live with you, and
2. they now get more than half their support from you, and
3. they will continue to live with you and get this support between July 1, 2011 and June 30, 2012.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the person(s) listed below as dependent(s).

Name	Age	Relationship	Who Does Dependent Reside With?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What child care provisions have you made for your child(ren) while you're in class?

3. You (the student) will live:
 With your parent(s)
 Other
If Other is checked, please explain: _____

4. Were you (the student) claimed by your parent(s) on their 2010 federal tax return?
 Yes
 No

5. Was your dependent(s) claimed by anyone other than you (the student) on the 2010 federal tax return?
 No
 Yes

If yes, please list the name of that person and their relationship to you, the student.

Name: _____

Relationship: _____

6. Who will claim your dependent(s) on their taxes for 2011? _____

7. Will you **receive** child support for any of the dependents listed between July 1, 2011 and June 30, 2012?
If yes, how much?
_____ Yes _____ No \$_____/month

8. Who provides health insurance for your dependent? _____

9. Are you receiving any subsidies for the following:

- a. Medical Insurance _____ Yes _____ No If Yes, monthly amount \$_____
- b. Housing _____ Yes _____ No If Yes, monthly amount \$_____
- c. Utilities _____ Yes _____ No If Yes, monthly amount \$_____
- d. Food Stamps _____ Yes _____ No If Yes, monthly amount \$_____
- e. TANF (AFDC/Welfare) _____ Yes _____ No If Yes, monthly amount \$_____

10. Will you **pay** child support for any of the dependents listed between July 1, 2011 and June 30, 2012?
If yes, how much?
_____ Yes _____ No \$_____/month

11. Please list your expected 2011 income and benefits:

Expected 2011 income earned from work: \$_____ for the year

Expected 2011 untaxed income benefits to be received: \$_____ for the year

Sources of untaxed income: _____

By signing this form, I certify that all the information reported is complete and correct.

Student Signature: _____ Date: _____