



**Dependents Other Than Children/Spouse Statement**

**Student:** Last \_\_\_\_\_ First \_\_\_\_\_ CCC ID# \_\_\_\_\_

You or your parents have indicated on your 2020-2021 FAFSA that you/they have dependents other than your/their children or spouse. For financial aid purposes, a person other than a child or spouse may only be listed in household size if they meet this definition: "you have a dependent(s) (other than your children or spouse) who now lives with you and who receives more than half of their support from you and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021"

**Please note:** If the person you/your parents indicated does not meet the above definition, you do not need to complete this entire form. Simply complete items in this box and return form.

"I/we do not have a dependent other than a child or spouse that meets the above definition."

1) Due to this, please correct number in household on FAFSA to: # \_\_\_\_\_

And correct number in college to: # \_\_\_\_\_

2) Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**If the person you/your parents indicated does meet the above definition**, you need to list dependent(s) below and complete rest of form. Do not list children or spouse below.

Full Name of Dependent	Age	Relationship

- Do the dependents listed above live with you/your parents?  Yes  No
- Do they receive more than half of their financial support from you/your parents?  Yes  No
- Will you/your parents continue to provide more than half of their financial support **from July 1, 2020 through June 30, 2021?**  Yes  No

4. Do your dependents have their own source of income such as work, unemployment, child support, social security, or other source?  Yes \*  No

\*If Yes, you must list below the amount of dependent's 2018 income and source of income.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent signature required if student is dependent and parental information was listed on FAFSA.)