



2024 – 2025 DEPENDENT OTHER THAN A SPOUSE

Student Name _____ C# _____

On your financial aid application, you indicated that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status it is necessary for you to confirm your response. Please complete the following form and return it to the CCC Student Financial Services Office. Additional information may be requested.

Do you live with either of your parents? _____ Yes _____ No

- If yes, then you are **not** considered an independent student and must provide parent information on your FAFSA. You do not need to complete the rest of this form. Please enter required parent information on your FAFSA at studentaid.gov.
- If you answered no, complete and return this form.

What is the name, birth date and relationship of any dependent that YOU will support more than 50% between July 1, 2024 and June 30, 2025?

Name: _____	Birth Date: _____	Relationship to you: _____
Name: _____	Birth Date: _____	Relationship to you: _____
Name: _____	Birth Date: _____	Relationship to you: _____

Does your dependent(s) live with you? (Mark one) _____ Yes _____ No

What is the estimated annual child support you will receive in 2024? \$ _____

Please list other sources of income and the amount you currently receive to help support you and your dependent(s). Examples – SNAP, SSI, WIC, unemployment, income earned from work, CHIP (Child Health Insurance Program), TANF.

_____ Student Signature

_____ Date

Please submit this form along with any supporting documentation to the Student Financial Services Office at Cayuga Community College.

Your financial aid will not be processed until all paperwork has been submitted and reviewed.