



**Financial Aid Office**

**2021 – 2022 Verification of Child or Legal Dependent**

You reported on your FAFSA that you are independent by having a dependent who will receive more than half of their support from you during the 2021-2022 academic year. This form is required to verify the information you reported on your FAFSA.

**Student Information:**

Name: \_\_\_\_\_

SCCC ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Include City, State and Zip Code)

**Dependent Information:**

Please check one of the following:

- I have, or will have, a child who will receive more than half of their support from me from July 1, 2021 to June 30, 2022
- I have dependents, other than a child or spouse, who will receive more than half of their support from me from July 1, 2021 to June 30, 2022

Please list the names and ages of your dependents and their relationship to you:

Name of Dependent	Age	Relationship to You	Will this person live with you from 7/1/2021 – 6/30/2022	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please complete **all** questions below:

1. Where do you currently live?  Off-campus (own home/apartment)  With parent(s)

2. Are you currently employed?  Yes  No

If yes, what is your monthly gross income? \_\_\_\_\_

If no, explain how you support the children/dependents more than 50%: \_\_\_\_\_

3. Did/Will you claim the children/dependent(s) on your 2020 Federal Tax Return?  Yes  No

If yes, submit a copy of your 2020 tax return showing dependents claimed on tax return

If no, who claimed (or will claim) the dependent(s)? \_\_\_\_\_

Relationship to dependent(s)? \_\_\_\_\_

4. Do you **receive** child support for the dependent(s)?  No  Yes & monthly amount: \$ \_\_\_\_\_

5. Do you **pay** child support for the dependent(s)?  No  Yes & monthly amount: \$ \_\_\_\_\_

## Supporting Documentation:

Please submit the following documents, if applicable. These suggested documents will help us make a determination regarding your dependency status. We reserve the right to ask for additional documentation verifying support.

- Recent paystubs verifying employment earnings
- Most recent Federal tax returns showing you claim the children/dependents
- Documentation of child support received/paid
- Documentation of TANF/WIC/SNAP or other federally subsidized programs in your name for the dependent(s).
- Legal court documents

## Student Signature and Certifications

Please select one of the following:

- I **provide** at least 51% support for the dependent(s) listed on this form and have attached documentation of support
- I **do not provide** at least 51% support for the dependent(s) listed on this form. I understand that I must visit [studentaid.gov](http://studentaid.gov) and update my 2021-2022 FAFSA to include my parent(s) information. I understand I must contact my home campus financial aid office after my FAFSA corrections have been submitted.

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Student Signature

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Date

Please return completed form and supporting documentation, if applicable to your home campus Financial Aid Office.

<b>Central Administration</b> 533 College Road Selden, NY 11784-2899 P (631) 451-4108 F (631)451-4672 <a href="mailto:financialaid@sunysuffolk.edu">financialaid@sunysuffolk.edu</a>	<b>Ammerman Campus</b> 533 College Road Selden, NY 11784-2899 P (631) 451-4072 F (631) 451-4640 <a href="mailto:faidamr@sunysuffolk.edu">faidamr@sunysuffolk.edu</a>	<b>Michael J. Grant Campus</b> Crooked Hill Road Brentwood, NY 11717-1092 P (631) 851-6712 F (851) 6814 <a href="mailto:faidwest@sunysuffolk.edu">faidwest@sunysuffolk.edu</a>	<b>Eastern Campus</b> 121 Speonk-Riverhead Road Riverhead, NY 11901-3499 P (631) 548-2525 F (631) 548-3651 <a href="mailto:faideast@sunysuffolk.edu">faideast@sunysuffolk.edu</a>
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