

Printed Name:

Social Security #:

Palomar ID #:

# PALOMAR COLLEGE FINANCIAL AID

## *Proof of Dependent form*

# 200- -20%\$

Your 2009-2010 financial aid paperwork states that you are supporting legal dependents. We must verify your claim meets federal financial aid regulations. Any person you claim as your *dependent* must meet the following criteria:

**Include:**

- **Your children** if you will provide more than half of their financial support\* between July 1, 2009 and June 30, 2010.
- **Other people if they**
  - **currently** live with you, *and*
  - **currently** get more than half their financial support from you, *and*
  - **will continue** to get this support from you between July 1, 2009 and June 30, 2010.

\*\*\***Support** includes money, housing, food, clothing, medical, & dental care; payment of college costs, & similar expenses.\*\*\*

Please answer ALL questions carefully and **attach supporting documentation.**

**INFORMATION ABOUT YOU**

1. Will you be claimed as a tax exemption by another person for the 2009 tax year? YES NO  
If YES, by whom?  
Name:  
Relation:

2. Where are you living (family, own, roommate, etc.)

3. List all sources and amounts of monthly income you will receive during the 2009-2010 school year:

<u>Source</u>	<u>Amount</u>
Wages from work ( <i>attach recent proof</i> )	\$
Child Support	\$
Other _____	\$
Other _____	\$
<b>Total Monthly Income</b>	\$

**INFORMATION ABOUT THE DEPENDENT**  
*Use separate form for each additional dependent*

Name:

Relationship: Age:

1. Will you claim this dependent for the 2009 tax year?  
Yes No

*If No, tell us who will claim the dependent below:  
(if due to divorce settlement, attach copy of decree).*

Name:

Relationship:

2. List the sources and amounts of monthly income and or benefits received by or for this dependent:

Social Security benefits \$

Veterans benefits \$

Other \_\_\_\_\_ \$

Other \_\_\_\_\_ \$

Earned Wages \$  
*(if the dependent is 16 years of age or older--attach proof)*

If the dependent requires child care, what provisions have you made or will make for the time you are in class during the 2009-2010 school year?

Name of provider:

Monthly Amount Paid \$:

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date: