

Return to:

Office of Financial Aid, 25 Hall Street, Concord, NH 03301
 Phone: (603) 513-1392
 Fax: (603) 513-1386
 financial.aid@granite.edu

Last Name	First Name	Middle Initial
GSC Student ID #	Date of Birth	Phone Number

You have indicated that you have children or other dependents who will receive more than half of their support from you from July 1, 2017 - June 30, 2018. You do not currently meet any of the other criteria to be considered independent so you must complete this form to demonstrate how you will provide support for your children or other dependents. If you **cannot** demonstrate support you will be considered a dependent student and your parent will need to complete and sign your FAFSA.

Do not leave any questions blank. Return this form along with all requested supporting documentation to the Financial Aid Office at Granite State College. The Financial Aid Office will review your information and decide if it is sufficient to demonstrate support of a child or other dependent.

A. Proof of Dependent Support

- Are you living with your parent(s), family member, guardian, or other person? Yes No If "Yes" please provide the following information:
 Name of person(s): _____
 Relationship to you: _____
- Is your child living in the same household as you? Yes No If "Yes", provide a copy of your rental/lease agreement.
- Are you paying monthly rent/mortgage payments? Yes No If "Yes", provide a copy of your rental/lease agreement.
- Are you paying for childcare for your child? Yes No If "Yes", provide a copy of child/daycare receipts specifying the name of the child receiving care.
- Are you providing medical coverage for your child? Yes No If "Yes", provide a copy of medical coverage card.
- Does anyone provide financial support for you and/or your child other than yourself? Yes No If "Yes", how much support did you receive in 2016? \$ _____ per month
 Name of person(s): _____
 Relationship to you: _____
- Are you or your child receiving any other types of assistance or benefits? Yes No If "Yes", provide the type (s) of assistance and the monthly amounts:
 Type: _____ \$ _____ per month Type: _____ \$ _____ per month
 Type: _____ \$ _____ per month Type: _____ \$ _____ per month
- Are you the custodial parent? If "Yes", complete Section B.
 If "No", provide a signed statement from the custodial parent regarding your financial contribution of more than half the child's support.
- Are you currently or have you been employed in 2017? Yes No If "Yes", provide a copy of your most recent paystub showing year-to-date earnings.
- Were you or your child claimed as dependents on someone else's 2016 federal tax return? Yes No If "Yes", who claimed you or your child? Name: _____ Relationship: _____
 If they will not claim you on their 2017 federal tax return, have them submit a signed written statement.

B. Explanation of Monthly Responsibilities

Please outline on a separate typed page how you provide basic needs (food, clothing, housing, etc) for your child/dependent.

By signing this worksheet, I certify that all of the information reported to qualify for Federal Student aid is complete and correct.

Student Signature	Date
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