



OFFICE OF FINANCIAL AID
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Dependency Determination Form

STUDENT NAME: _____ STUDENT ID: _____

Your status as an independent student for financial aid purposes is based on your response to Question #50 or #51 on the FAFSA. You indicated that you have a child (*or other dependent*) who will receive more than half of their support from you between July 1, 2021 and June 30, 2022. We require verification of this status. Complete this form and submit any applicable documentation to our office. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

A. Dependent Information

In the space below, list your qualified dependent(s). Include your children if they receive **MORE THAN HALF** of their support from you, even if they do not live with you. Include other people only if they meet **all** of the following criteria:

- They currently live with you; **AND**
- They currently receive MORE THAN HALF of their support from you; **AND**
- They will continue to receive this support from you through June 30, 2022.

** Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses. You may be required to provide receipts to support your claim of people other than your children.*

<u>Dependent's Name</u> <i>(If the listed dependent is your child, you must submit a copy of the child's birth certificate.)</i>	Age	Relationship to You

Did you claim the above name dependent(s) on your 2019 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , provide a <u>signed</u> copy of your 2019 IRS Tax Return Transcript, available at www.irs.gov (<i>see How to Obtain a Tax Return Transcript</i>)
Are you the custodial parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO , submit a notarized statement from the custodial parent confirming your contribution of more than half of the dependent's support.
Is the dependent an unborn child that is due between July 1, 2021 and June 30, 2022?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , submit a statement from your doctor indicating the due date AND a written statement that indicates your intended support of your dependent as described in section B.

B. Support Provided		
Where are you currently living?		
<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent/Public Housing	Submit a copy of your rental/lease agreement or other documents confirming housing in <u>your name</u>

STUDENT NAME: _____

STUDENT ID: _____

Does your dependent live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO , where does your dependent live? _____
Do you pay childcare costs for your dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount Paid \$ _____/month If YES , receipts may be required
Do you provide medical coverage (<i>including Medicaid</i>) for your dependent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , submit a copy of the medical card
Do you RECEIVE child support for your dependent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , how much did you receive in 2019? \$ _____ How much do you expect to receive in 2020? \$ _____
Do you PAY child support for your dependent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , how much did you pay in 2019? \$ _____ How much do you expect to pay in 2020? \$ _____
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , submit a copy of your <u>most recent</u> pay stub showing year to date earnings
Do any of your (<i>or your dependent's</i>) relatives provide financial support? If YES , Name of relative: _____ Relationship to you/your dependent: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , how much support did you receive in 2019? \$ _____ per _____
Do you (<i>or your dependent</i>) receive any other type of assistance or income? (ex. SNAP, TANF, WIC, SSI, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , indicate type and amount: Type: _____ Amt. \$ _____ Type: _____ Amt. \$ _____ Type: _____ Amt. \$ _____
Did someone else claim you OR your dependent on their 2019 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , Name: _____ Relationship: _____
Will someone else claim you OR your dependent on their 2019 Federal Tax Return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES , Name: _____ Relationship: _____

C. Additional Information

Use the space below to provide any other examples of how you provide the basic necessities (*food, shelter, clothing, personal items, etc.*) for your dependent(s). If additional space is needed, please use a separate sheet of paper.

CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date