

A. Student Information

First Name	Last Name	Date of Birth	Student #	
Telephone #	Address	City	State	Zip

You (the student) have indicated on your FAFSA that you have a dependent(s) who will be residing with you and who will receive more than half of their support from you between July 1 and June 30 of the current academic year. **To Verify**, complete this worksheet explaining how you will be providing more than half of the financial support for dependents. Please specify the source(s) of income, which you will be using to cover housing, food, utilities, transportation, and living expenses for you and your dependent(s) from July 1 until June 30 during the current academic year. **Submit** this worksheet and all supporting documentation to the Office of Student Services.

B. Household Information

- The people in the student's household, includes:
- The student.
 - The student's spouse, if the student is married.
 - The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2020, through June 30, 2021, even if a child does not live with the student. **(Provide birth certificate)*******
 - Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2021.

****Write the names of all household members in the spaces below regardless of college enrollment status.**

Full Name	Age	Relationship	College Attending	Enrolled at Least Half Time (Yes or No)
		<i>SELF</i>	<i>BEVILL STATE COMMUNITY COLLEGE</i>	

C. Current Income & Resources

Please list the names of all household income whether it is from work, child support, social security, disability, etc., the amount earned monthly and if documentation will be provided.

Source of Income	Recipient of Income	Amount Received Monthly	Documentation Provided

