



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2024-2025 Verify Independent Status: Support Other Dependents

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY. DO NOT USE WHITEOUT.

Last Name	First Name	MI	Student I.D. Number
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On your 2024-2025 Free Application for Federal Student Aid (FAFSA) you answered yes to the question “Do you now or will you have other dependents (other than your children or spouse) who will receive more than half of their support from you between July 1, 2024 and June 30, 2025?” This information needs to be verified.

SECTION A: DEPENDENTS

Please list your other dependents who live with you and who will receive more than half of their support from you from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship

SECTION B: HOUSEHOLD

Do you now or will you have other dependents who will receive more than half of their support from you between July 1, 2024 and June 30, 2025? YES NO

*If yes, please complete and return this form. If no, update your 2024-2025 FAFSA by correcting the answer to the question #52 “Do you have dependents (other than children or spouse) who will receive more than half of their support from you now and through June 30, 2024?”; from yes to no; then **you will need to include parent information and signatures as you will be considered a dependent student.**

Please check all that applies to your household for the 2024-2025 application year.

Did you claim any of the above dependents on your 2022 federal income tax return? YES NO

If yes, provide a copy of your 2022 Federal Tax Return Transcript.

Do you currently receive cash aid (TANF) for your other dependents? YES NO

Provide a current Passport to Services that includes you and any “other dependents” listed above.

What is your housing status for 2024-2025?

Own my home YES NO

Rent YES NO

Live with Parent/Relative YES NO

Attach proof i.e. rental agreement, lease, or mortgage.

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SECTION C: INCOME

List all forms of income (taxed or untaxed) that will be received by you July 1, 2024 - June 30, 2025.

Please attach verification of each item. If none write in \$0, **DO NOT LEAVE ANY SPACES BLANK.**

	<u>Please list yearly amounts</u>	<u>Proof Provided</u>
Income from Work (Gross)	\$ _____	_____
Spouse Income from Work (Gross)	\$ _____	_____
Financial Aid Received	\$ _____	_____
Unemployment/Disability Benefits	\$ _____	_____
Child Support received	\$ _____	_____
Business, rental, farm income	\$ _____	_____
Trust Fund income	\$ _____	_____
Interest/dividend income	\$ _____	_____
Social Security Benefits/Social Security Income	\$ _____	_____
TANF/SNAP Benefits	\$ _____	_____
Veterans Benefits	\$ _____	_____
Other (Please Specify) _____	\$ _____	_____
Total	\$ _____	

SECTION D: EXPENSES

List all forms of expenses that will be incurred and paid by you between July 1, 2024 - June 30, 2025.

If none write in \$0, **DO NOT LEAVE ANY SPACES BLANK.**

	<u>Please list yearly Amounts</u>	<u>How is it paid?</u>
Rent/Mortgage Payment	\$ _____	_____
Car Payment	\$ _____	_____
Home/Apartment Insurance	\$ _____	_____
Food/Groceries	\$ _____	_____
Car Expenses (gas, car, oil)	\$ _____	_____
Out of Pocket Medical	\$ _____	_____
Clothing	\$ _____	_____
Child Care	\$ _____	_____
ALL Utilities (gas, electric, cable, water, cell, etc.)	\$ _____	_____
Entertainment	\$ _____	_____
Miscellaneous/ Personal	\$ _____	_____
Total	\$ _____	

Certification and Signature

The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature

Date