

PROOF OF DEPENDENT FORM

(2019-2020 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

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|-----------------------------------|--|-----------|---------------|------------|----|----------|
| CCC ID# | | Last Name | | First Name | | MI |
| Mailing Address | | | | City | ST | Zip Code |
| Telephone No. (include area code) | | | Email Address | | | |

On the FAFSA you indicated you have a child or dependent whom you provide at least half of their support.

| | |
|--|--|
| Do you have a child or children? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, you must attach a copy of your child(ren)'s birth certificate showing you as the parent.</i> |
| Are you pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must attach a doctor's statement confirming pregnancy and your due date occurring prior to 6/30/20.</i> |
| Will your child(ren) receive more than half of their support from you between July 1, 2019 and June 30, 2020? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you between July 1, 2019 June 30, 2020? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list their names and relationship to you:</i> _____ _____ |

Will you receive money from any of the following between 7/1/19 – 6/30/20?

| | |
|---|--|
| Income from working? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Significant other? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial aid and/or scholarships? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SNAP (Food Stamps)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Women, Infants and Children (WIC) Assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing Assistance / Benefits (including Section 8 / low income housing)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Assistance (AHCCCS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supplemental Security Income (SSI)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welfare (including TANF)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ (Unemployment, Disability, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Certification:

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, being sent to prison, or both. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I understand that if I do not give proof when asked, this request will not be processed.

Student's Signature

Date