LAKE LAND COLLEGE FINANCIAL AID & VETERAN SERVICES
2008-2009 PROOF OF DEPENDENT(S) FORM

Student Name ________________________________ SSN _____________________________

This form is used to gather information from unmarried students who are under 24 years old and claim to have dependents. Because this is the only criteria that would classify you as an independent student, we must verify this information before we can continue to process your financial aid application.

Please answer ALL questions carefully and attach supporting documentation. DO NOT LEAVE ANY BLANKS. INCOMPLETE FORMS WILL NOT BE PROCESSED!

1. List the names and ages of your dependent(s) for which you provide, and will continue to provide, MORE THAN 50% support between July 1, 2008 and June 30, 2009. You must attach legal documentation of their relationship (e.g., Birth Certificate, Legal Guardianship, etc.) Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents.

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<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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2. Where do the dependent(s) named above live?

☐ With the student ☐ With the student’s parent(s) ☐ Other _________________________

3. You (the student) live:

☐ On own ☐ With parent(s) ☐ Other _________________________

4. Were you (the student) claimed by your parent(s) on their previous year tax return?

☐ Yes ☐ No

5. Was your dependent(s) claimed by anyone other than you (the student) on the previous year tax return?

☐ Yes ☐ No If yes, list name and relationship: ________________________________

6. List (on separate page) the estimated monthly expenses for the support of your dependent(s):

$__________ per month.

7. List (on separate page) all sources and amounts of support for the dependent(s) and include supporting documents. Examples include: most recent pay stub, cancelled check or other proof of child support received, TANF benefits, WIC program eligibility notice, state insurance enrollment, social security benefit statement, daycare assistance, etc.

STUDENT CERTIFICATION:

By signing this worksheet, I certify that the information provided above is complete and correct. I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above.

Signature: ____________________________ Date: ____________________________