



**Financial Aid**  
201 E. Greene Street | Milledgeville, Georgia 31061  
(800) 342-0413 | (478) 387-4842 | (478)445-1257 Fax

### Proof of Dependent(s) Form 2013-2014

Printed Name: \_\_\_\_\_  
(Last) (First) (M. initial)  
Student SSN/ID #: \_\_\_\_\_

Please complete this form to show how you (if you are an independent student) or your parents (if you are a dependent student) provided support for a particular person in the household on the 2013-2014 verification worksheet. If more than one household member is in question, please complete a separate form for **each** individual. **Please do not leave any blanks; if not applicable, enter \$0.** If the form is incomplete, the dependent in question will **not** be counted in the household.

Please do not leave any blanks; if not applicable, enter 0. **If the form is not complete, the dependent in question will not be counted in the household.**

Dependent Support information on this form provided by:  Student  Student's Parent(s)

**PART 1. Identify the dependent.** You indicated that you (or your parents) will provide more than 50% support between **July 1, 2013 and June 30, 2014** for:

Name	Age	Relationship

**PART 2. Dependent's Residence.** Where is the dependent listed above living?  
 Student  Student's Parent  Other (Name/Relationship to dependent: \_\_\_\_\_)

**PART 3. Dependent's Expenses.** Provide a list of average **MONTHLY** expenses for the dependent listed above.

Housing (dependent's share)	\$
Food	\$
Utilities (dependent's share)	\$
Medical and Dental Costs (not covered by insurance)	\$
Transportation	\$
Clothing	\$
Childcare	\$
Insurance	\$
Other – (i.e. credit cards, etc.) - Please list: _____	\$
<b>Total Average Monthly Expenses</b>	<b>\$</b>

**PART 4. Dependent's Income.** List the average **MONTHLY** income that the dependent receives or will receive in his/her name **July 1, 2013 and June 30, 2014.**

Income from Work	\$
Benefits (i.e TANF, Social Security, Unemployment, etc.)	\$
Other (i.e. child support, alimony, etc.) - Please list: _____	\$
Savings accounts/Investments/Retirement	\$
<b>Total Average Monthly Income</b>	<b>\$</b>

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**PART 5. Student's (or Parent's) Income.** List the student's (if independent) or parent's (if dependent) average **MONTHLY** income **July 1, 2013 and June 30, 2014. Attach documentation (such as most recent pay stub).**

Income from Work	\$
Benefits (i.e TANF, Social Security, Unemployment, etc.)	\$
Other (i.e. child support, alimony, etc.) - Please list: _____	\$
Savings accounts/Investments/Retirement	\$
<b>Total Average Monthly Income</b>	\$

**PART 6. Contributions to Dependent.** List the average **MONTHLY** dollar amount that is paid towards the dependent's expenses by each person who provides his/her support.

Student's contribution	
Student's Parent's Contribution	
Other – Name/relationship to dependent: _____	
Other – Name/relationship to dependent: _____	

**PART 7. Tax Exemption Status of Dependent.**

Indicate who claimed the dependent as an IRS tax exemption in **2011**:

Student     Student's Parent     Other (Name/relationship to dependent \_\_\_\_\_)

Indicate who claimed the dependent as an IRS tax exemption in **2012**:

Student     Student's Parent     Other (Name/relationship to dependent \_\_\_\_\_)

**PART 8. Additional Information.** Please list any additional information which may be beneficial in helping us determine proof of support for your dependent. This section is optional.


**PART 9. Signatures.**

*I hereby swear and affirm that all information reported on this form is true, accurate, and complete to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment if financial aid. \*The GMC Financial Aid Office will use your student email address to contact you on most occasions. You are responsible for checking your GMC student email frequently.\**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is dependent)

\_\_\_\_\_  
Date