



FINANCIAL AID OFFICE

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

2020-2021 Support of Legal Dependent Form

| Student's Last Name | Student's First Name | Student's FCC ID# |
|---------------------|----------------------|-------------------|
| | | |
| | | |

The Financial Aid Office at Frederick Community College (FCC) is currently reviewing your 2020-2021 Free Application for Federal Student Aid (FAFSA). You have listed one or more legal dependents, but the income information that you provided to us does not support this claim. Please fully complete this form with accurate information, sign & date, and return the form to FCC's Financial Aid Office. ALONG WITH THIS FORM, PLEASE PROVIDE A COPY OF YOUR MOST RECENT/FINAL PAY STUB FOR 2020.

| NAME(S) OF STUDENT'S LEGAL DEPENDENTS WHO LIVE WITH THE STUDENT | DATE OF BIRTH MM/DD/YYYY | RELATIONSHIP TO YOU | BEGAN LIVING WITH YOU WHEN? |
|---|-----------------------------|------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| Do you currently live in your parents' home? | | | |
| Who claimed these dependents on their <u>2019</u> Federal Ir | ncome Tax Return? | | |
| Who will claim these dependents on their 2020 Federal | Income Tax Return? | | |
| | | | |

| STUDENT'S TOTAL <u>ANNUAL</u> INCOME | 2018 (actual) | 2020 (anticipated) |
|---|---------------|--------------------|
| Wages and earnings from jobs worked | \$ | \$ |
| All other taxable income | \$ | \$ |
| Child support | \$ | \$ |
| Food Stamps and other government assistance | \$ | \$ |
| All other untaxed income (cash from family, etc.) | \$ | \$ |

| STUDENT'S <u>MONTHLY</u> EXPENSES (FOR STUDENT & DEPENDENTS) | 2018 (actual) | PAID BY WHOM? | 2020 (anticipated) | PAID BY WHOM? |
|--|------------------|------------------|-----------------------|------------------|
| Housing (mortgage, rent or subsidized) | \$ | | \$ | |
| Utilities (electric, gas, water, sewer, phone, | \$ | | \$ | |
| Food | \$ | | \$ | |
| Transportation (auto payment, insurance, gas) | \$ | | \$ | |
| Health expenses (insurance, etc.) | \$ | | \$ | |
| Child care | \$ | | \$ | |
| Diapers, formula, and other infant care | \$ | | \$ | |
| Personal expenses (cable, laundry, etc.) | \$ | | \$ | |
| All other expenses not listed above | \$ | | \$ | |

STATEMENT OF CERTIFICATION

| I certify that all of the information reported on this worksheet is complete and correct. WARN on this worksheet, you may be fined, sentenced to jail, or both. | ING: If you purposely give false or misleading information |
|---|--|
| | |
| Student's Signature | Date |

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.