
• CAYUGA COMMUNITY COLLEGE •

Financial Aid Office • 197 Franklin Street, Auburn NY 13021 • FAX 315-252-2185
Auburn 315-255-1743 ext. 2470 • Fulton 315-592-4143 ext. 3004

DEPENDENT OTHER THAN A SPOUSE

Student Name _____ Social Security #: _____

Banner ID Number C _____

On your financial aid application you indicated that you have children or other dependents that live with you and receive more than half of their support from you. Since this statement is the basis for your independent status it is necessary for you to validate your response. Please answer the following questions. Additional information may be requested.

What is the name, birth date and relationship of your dependent?

Name: _____ Birth Date: _____ Relationship: _____

Does the dependent live with you? _____

If yes, list name and relationship of other members of the household where you live:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Who claimed you as a tax exemption in 2008? _____

Who will claim you as a tax exemption in 2009? _____

Who claimed your dependent as an exemption in 2008? _____

Who provides medical insurance for you? _____

Who provides medical insurance for your dependent? _____

What is the amount of child support received in 2008? _____

What is the estimated annual child support you will receive in 2009? _____

Student Signature

Date

Please return this form along with a signed copy of your **2008 Federal Tax Return** to the Financial Aid office at Cayuga Community College.