



# Mount Wachusett Community College

444 Green Street, Gardner, MA 01440-1000  
**Financial Aid Office (978)630-9169**

## 2009-2010 Academic Year

### Proof of Dependent(s) Form

Please answer ALL questions carefully and attach supporting documentation. DO NOT LEAVE ANY BLANKS.  
Please print your answers.

Student Name _____	Social Security Number _____
Address _____	MWCC ID # _____
City, State _____	Zip Code _____

1. Please list the names and ages of **YOUR** dependent(s) and their relationship to you. **You must attach legal documentation of their relationship** (e.g., Birth Certificate, Legal Guardianship, etc.).

Dependents are those people that you will support between July 1, 2009 and June 30, 2010. Include your children if they get MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

1. they now live with you, and
2. they now get more than half their support from you, and
3. they will continue to live with you and get this support between July 1, 2009 and June 30, 2010.

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 person(s) listed below as dependent(s).

Name	Age	Relationship	Who Does Dependent Reside With?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What child care provisions have you made for your child(ren) while you're in class?

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3. You (the student) will live:  
 With your parent(s)  
 Other  
If Other is checked, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Were you (the student) claimed by your parent(s) on their 2008 federal tax return?  
 Yes  
 No

5. Was your dependent(s) claimed by anyone other than you (the student) on the 2008 federal tax return?  
 No  
 Yes

If yes, please list the name of that person and their relationship to you, the student.  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

6. Who will claim your dependent(s) on their taxes for 2009? \_\_\_\_\_

7. Will you **receive** child support for any of the dependents listed between July 1, 2009 and June 30, 2010?  
If yes, how much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \$ \_\_\_\_\_/month

8. Who provides health insurance for your dependent? \_\_\_\_\_

9. Are you receiving any subsidies for the following:

- a. Medical Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, monthly amount \$ \_\_\_\_\_
- b. Housing \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, monthly amount \$ \_\_\_\_\_
- c. Utilities \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, monthly amount \$ \_\_\_\_\_
- d. Food Stamps \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, monthly amount \$ \_\_\_\_\_
- e. TANF (AFDC/Welfare) \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, monthly amount \$ \_\_\_\_\_

10. Will you **pay** child support for any of the dependents listed between July 1, 2009 and June 30, 2010?  
If yes, how much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \$ \_\_\_\_\_/month

11. Please list your expected 2009 income and benefits:

Expected 2009 income earned from work: \$ \_\_\_\_\_ for the year  
Expected 2009 untaxed income benefits to be received: \$ \_\_\_\_\_ for the year  
Sources of untaxed income: \_\_\_\_\_

By signing this form, I certify that all the information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_