

Independent Due To Providing 1/2 Support

You indicated on your FAFSA that you are independent because you provide more than half the support for a dependent. Since that is the only reason for your independent status, we are requiring you to provide documentation showing you have enough resources to provide for yourself as well as your dependent, in addition to your family situation.

Name _____ BRCC ID _____

Date of Birth _____

List Names/Relationship/Ages of your Dependents: _____

Briefly describe why you (and not someone else) are responsible for providing more than 1/2 support to your dependent:

Sources of Income:

- 2020 US Income Tax Return Adjusted Gross Income: \$ _____
- Are you currently employed?
If yes: Employer _____ \$ _____ (week/bi-week/month)
Provide at least two most recent paystubs
- Untaxed Income: Unemployment: _____ \$ _____ /week
- Child Support: _____ \$ _____ /week

Housing: Which best describes your current housing situation?

I live: _____ with Parent(s)
_____ with a Friend/Relative
_____ in a rental Rental: \$ _____ /month
_____ in my own home Mortgage: \$ _____ /month
In whose name is the rental lease or mortgage? _____

Do you receive Housing assistance? ___ Yes (you) ___ Yes (other) ___ No \$ _____ /month

Basic Living Assistance:

Food:
Do you receive Food Stamps/SNAP/WIC? ___ No ___ Yes \$ _____ /week
Does a parent or other person provide? ___ No ___ Yes \$ _____ /week

Utilities & Other Monthly Bills, Who Pays?:

Electricity	___ Self	___ Parent	___ Other	\$ _____ /month
Water	___ Self	___ Parent	___ Other	\$ _____ /month
Telephone	___ Self	___ Parent	___ Other	\$ _____ /month
Cable/Internet	___ Self	___ Parent	___ Other	\$ _____ /month
Car Payment	___ Self	___ Parent	___ Other	\$ _____ /month
Car Insurance	___ Self	___ Parent	___ Other	\$ _____ /month
Health Insurance (Student)	___ Self	___ Parent	___ Other	\$ _____ /month
Health Insurance (Dependent)	___ Self	___ Parent	___ Other	\$ _____ /month

Signature _____ Date _____