



**Financial Aid Office**  
**Independent Student Status (1CHILD)**  
**2022-2023**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

On your 2022-2023 FAFSA, you responded “YES” to the question, “Do you now have or will you have children who will receive more than half of their support from you between July 1, 2022 and June 30, 2023?” Based on this response, please complete all of the following:

- List the children who will receive support below:

Name of Child	Age	Does the child live with you?	
		Yes	No
_____	_____		
_____	_____	Yes	No
_____	_____		
_____	_____	Yes	No
_____	_____		
_____	_____	Yes	No
_____	_____		

- To demonstrate how you are providing more than 50% of the cost of supporting child(ren), you must provide the following documentation:

- A copy of your child’s birth certificate
- A copy of your current housing lease
- A copy of Medical Cards for Child(ren)
- A copy of current income information – provide **one** of the following:
  - o A **signed** copy of your 2021 Federal 1040 Tax Return, or
  - o Your 2021 IRS Tax Transcript, or
  - o Confirmation of using the IRS Data Match on your 2022-2023 FAFSA
  - o Your 2021 W-2 and 1099 forms (*if you were not required to file taxes*)
- A copy of any untaxed income for 2021

- Do you currently live with your parents? Yes  No
- Are you or your child(ren) currently covered by your parents’ health insurance? Yes  No

5. Were you or your child(ren) claimed on your parents' 2021 tax returns? Yes  No
6. Do your parents provide any financial support to your children? Yes  No

If yes, please explain:

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7. To demonstrate how you are providing more than 50% of the cost of supporting your child(ren), you must provide the following information. Please list the average amount provided per month from each source (student, parent, or others):

<b>Monthly Expenses</b>	<b>Amount Provided by STUDENT</b>	<b>Amount Provided by STUDENT'S PARENT(S)</b>	<b>Amount Provided by OTHERS</b> <i>Government agencies, grandparents, etc.</i>
Housing	\$	\$	\$
Electricity/Gas	\$	\$	\$
Water/Garbage	\$	\$	\$
Food	\$	\$	\$
Health Care	\$	\$	\$
Daycare	\$	\$	\$
Personal/Other	\$	\$	\$

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.*