



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

Name: _____ ID#: _____

On your 2022-2023 FAFSA, you responded "YES" to the question, "Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you [through June 30, 2022]?"

Based on this response, please complete all of the following:

- 1. List the dependent(s) who will receive support below:

Table with 3 columns: Name of Dependent, Age, Does the dependent live with you? (Yes/No). Includes four rows for data entry.

- 2. To demonstrate how you are providing more than 50% of the cost of supporting dependent(s), you must provide the following documentation:

- Checkboxes for: A copy of your current housing lease; A copy of current income information (with sub-points for signed tax return, 2020 IRS Tax Transcript, IRS Data Match, and 2020 W-2 and 1099 forms); A copy of any untaxed income for 2020.

- 3. Were you or your dependent(s) claimed on someone else's 2020 tax returns? Yes [] No []
If yes, by whom? _____

- 4. Who provides health insurance for your dependent(s)? _____

5. Do your parents provide any financial support to you or your dependent(s)? Yes No

If yes, please explain:

6. For each dependent reported in Question 1, list their current income earned from working and/or any untaxed income they receive.

7. T o d e n n	Name	Relationship	Age	College	Annual Income	Source(s) of Income
					\$	
					\$	
					\$	

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

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

Student Signature _____ **Date** _____

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