



Financial Aid Office
Independent Student Status (1DEPA)
2023-2024

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

On your 2023-2024 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, 2023]?"

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 2021 Federal 1040 Tax Return, 2021 IRS Tax Transcript, IRS Data Match, and 2021 W-2 and 1099 forms); A copy of any untaxed income for 2021.

- 3. Were you or your dependent(s) claimed on someone else's 2021 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:

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

Name	Relationship	Age	College	Annual Income	Source(s) of Income
				\$	
				\$	
				\$	

7. To demonstrate 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** \_\_\_\_\_

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