



Evaluation of Support for Child or Dependent

Complete this entire form if you have been notified on your To-Do list that you are required to verify financial support of your dependent. **Incomplete forms or conflicting information will cause delays in the processing of your aid.** Instructions for looking up your student ID number are found [here](#).

A. Student Information

Last Name: _____ First Name: _____

Student ID (required): _____ Date of Birth: ____/____/____ Phone Number: (____) ____-_____

B. Dependent Information

Dependent Name: _____ Age: _____ Relationship to Student: _____

Does the dependent live with you for at least 6 months and 1 day per year? Yes: _____ No: _____

If dependent is over 15, does he/she work? Yes: _____ No: _____ If yes, annual income \$ _____

Please attach proof of income (most recent paycheck stubs, most recent W-2, most recent taxes filed, etc.)

C. Student's Financial and Expense Information

Student's annual income: \$ _____ Please attach proof of income (most recent paycheck stubs, most recent W-2, most recent taxes filed, etc.)

Do you receive any of the following? WIC benefits: Yes ____ No ____ SNAP: Yes ____ No ____ Monthly amount \$ _____

Housing assistance from a federal, state, or local program: Yes ____ No ____ Monthly amount \$ _____

Do you receive any other financial assistance from a federal, state, or local source? Yes ____ No ____ if yes, please specify:

Source _____ Monthly amount \$ _____ Source _____ Monthly amount \$ _____

Source _____ Monthly amount \$ _____ Source _____ Monthly amount \$ _____

Housing situation: Own home: ____ Rent home: ____ Live with Family: ____

Other: ____ (specify) _____ Monthly housing payment paid by the student: \$ _____

Please give the **average** monthly amount of the household expenses paid by you, the student (e.g. electric, gas, water, telephone, child care, car payment, other required monthly payments such as loans, insurance, etc.) Please provide receipts or a copy of your bank statement indicating payments made.

Expense	Amount	Expense	Amount
	\$		\$
	\$		\$
	\$		\$

D. Certification and Signatures

By signing this you certify the information reported on this form is complete and correct, and any required documentation is attached. You **MUST** sign and date this form in blue or black ink. Note: Forms must be physically signed with a pen or drawn using the "fill and sign" option on the PDF. TYPED SIGNATURES ARE NOT ACCEPTED.

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

Student Signature: _____ Date Signed: ____/____/____

Please return your completed form in one of the following ways: **Electronic:** Upload to To-Do list item in SIS, email to brccfinancials@brcc.edu, or electronic upload through [DropSecure](#). **Mail:** Blue Ridge Community College, Office of Financial Aid, Box 80, Weyers Cave, VA 24486. If you have questions or need assistance, please call 540-453-2301.