



# 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 through [DropSecure](#). **Mail** to Blue Ridge Community College, Office of Financial Aid, Box 80, Weyers Cave, VA 24486. **In Person** in the Houff Student Center. If you have questions or need assistance, please call 540-453-2301.