



Office of
Financial Aid

**Verification of Dependents
other than Child/Spouse
2023-2024**

On your 2023-2024 Free Application for Federal Student Aid (FAFSA), you answered “**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, now and through June 30, 2024?”

A. Student Information

Student’s Name: _____ Student ID: _____

B. Dependency Questions

Circle the appropriate response:

- | | |
|--|-----------|
| 1. Do you have legal dependents (other than child or spouse) that currently live with you? | Yes or No |
| 2. Do they receive more than half of their financial support from you? | Yes or No |
| 3. Will you continue to provide more than half of their financial support from July 1, 2023 through June 30, 2024? | Yes or No |

If you answered “**No**” to any of the questions above, **STOP**. You are not considered to have legal dependents for financial aid purposes. ***You must immediately correct*** your 2023-2024 FAFSA by changing your answer to “no” on question 51. ***If this is the only reason that you are considered to be an independent student***, you **must provide** parental information, income, and signature as well. If you have any questions, please contact your financial aid advisor.

If you answered “**Yes**” to **ALL** the above questions, please complete the remainder of the worksheet.

C. Your Dependents other than a child or Spouse

List all the people that you support **ONLY** if they:

- Currently live with you, **AND**
- Receive more than 50% of their financial support from you, **AND**
- Will continue to receive more than 50% of their financial support from July 1, 2023, through June 30, 2024.

Full Name	Relationship	Age	Did you claim this person on your 2021 tax return?

If you answered “**Yes**” to claiming a dependent, please submit a signed copy of your 2021 Tax Return or a 2021 Tax Return Transcript.

Student's Name: _____

Last 4 Digits of Student's SSN: _____

D. Monthly Income and Expenses

Please provide monthly amounts for each person. Please provide any available documentation to support your responses.

1. Your current monthly taxable income: \$ _____
Submit a copy of your most recent pay stub(s).
2. Your current monthly untaxed income: \$ _____
From government program(s) like Social Security, SSI, TANF, SNAP, etc.
3. Your dependent's current monthly taxable income: \$ _____
4. Your dependent's current monthly untaxed income: \$ _____
From government program(s) like Social Security, SSI, TANF, SNAP, etc.
5. Your dependent's current monthly income from work: \$ _____
6. Your dependent's current monthly miscellaneous income: \$ _____
7. Your dependent's current monthly expenses: \$ _____
8. Amount of monthly support dependent receives from you: \$ _____

Please be advised that once this form has been reviewed, additional documentation may be required.

E. Certification and Signatures

By signing this form, each person is certifying true information is being provided to North Georgia Technical College concerning the support of legal dependents other than a child or spouse. If there are any differences between your FAFSA data and this document, corrections to your FAFSA may be required. Each signature below gives NGTC permission to make any necessary corrections.

Signatures must be wet signature, not computer generated.

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

Student's Signature

Date

Parent's Signature (if required)

Date

You should make a copy of this worksheet for your records.

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