



2025-2026
Proof of Dependent
Support

Financial Aid Department
Phone: 910-938-6749
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

You have indicated on your 2025-2026 Free Application for Federal Student Aid (FAFSA) that you have dependents who will receive more than half of their support from you between July 1, 2025 and June 30, 2026. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for your dependent(s). Support includes, but is not limited to the following: money spent on food, housing, clothing, health insurance, child care, transportation and other necessities. The financial aid department will review the information provided on this form to determine if you qualify.

Student's Last Name	Student's First Name	Student's M.I.	Student's CCCC ID
Student's Address (Include City, State and Zip Code)			Student's Phone Number

If you are unable to provide adequate documentation demonstrating you provide more than half of the support for your dependent, you must correct your FAFSA at www.studentaid.gov to include parent information.

1. Please list the names and ages of your dependents and their relationship to you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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2. Where are you (student) currently living? ☐ own home ☐ with parent(s) ☐ with other
If other, where are you living: _____

3. Where is/are your dependent(s) currently living? ☐ student ☐ student's parent(s) ☐ other
If other, where is/are your dependent(s) living: _____

4. Do you pay rent/mortgage for you and your dependent(s)? ☐ Yes ☐ No \$_____/ month
Is the lease/mortgage in your name? ☐ Yes ☐ No
If yes to either question, attach a copy of the lease or mortgage statement.

5. Do you pay utilities for you and your dependent(s)? ☐ Yes ☐ No \$_____/ month
Is the utility bill in your name? ☐ Yes ☐ No
If yes to either question, attach a copy of each monthly billing statement you pay.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

6. Do you purchase food for you and your dependent(s)? ☐ Yes ☐ No \$_____/ month
Do you receive food stamps? ☐ Yes ☐ No \$_____/ month

7. Do you pay for phone, cable, and/or internet? ☐ Yes ☐ No \$_____/ month
Is the bill in your name? ☐ Yes ☐ No
If yes to either question, attach a copy of each monthly billing statement you pay.

8. Do you pay for car insurance and/or a car payment? ☐ Yes ☐ No \$_____/ month
Is the bill in your name? ☐ Yes ☐ No
If yes to either question, attach a copy of each monthly billing statement you pay.

9. Do you pay child care costs for your dependent(s)? ☐ Yes ☐ No \$_____/ month
If yes, attach proof of payment

10. Do you provide medical coverage for your dependent(s)? ☐ Yes ☐ No
If yes, provide a copy of the medical card. This includes Medicaid.
If no, who provides medical coverage? _____

11. Do you receive child support for your dependent(s)? ☐ Yes \$_____/ month ☐ No
If yes, submit supporting documentation

12. Do you pay child support for your dependent(s)? ☐ Yes \$_____/ month ☐ No
If yes, submit supporting documentation

Total Monthly Bill Expenses \$_____

13. Does anyone provide you financial support? ☐ Yes \$_____/ month ☐ No
If yes, who provides support? _____

14. Do you receive any of the following types of assistance or benefits for yourself/your dependent(s)?
☐ WIC ☐ Food Stamps ☐ TANF ☐ Other _____ ☐ None

15. Are you currently employed? ☐ Yes ☐ No
If yes, submit a copy of your two most recent pay stubs.

Certification and Signatures

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct.

Student's Signature (Required)

Date

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