



**2026-2027
Proof of Dependent Support
Form**

**Financial Aid Department
Phone: 910-938-6749
Fax: 910-938-6717
Email: finaid@coastalcarolina.edu**

Student's Name _____

Student's ID Number _____

You have indicated on your 2026-2027 Free Application for Federal Student Aid (FAFSA) that you have a dependent(s) who will receive more than half of their support from you between July 1, 2026 and June 30, 2027. 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.

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

1. Please list the name(s) and age(s) of your dependent(s) and their relationship to you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

2. Where are you (student) currently living? own home/apartment with your parent(s) with other
 *If you selected own home/apartment, submit a copy of your mortgage statement or lease agreement

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: _____

Federal Benefits Received	
Do you or your dependent(s) currently receive any of the following federal benefits? Check all that apply or check None of the above.	
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	Federal housing assistance
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	None of the above.

***Submit proof of all benefits you and your dependent(s) receive as indicated in the chart above.**

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

Annual Income / Resources		
Please list the current monthly amount received from the listed resources below. If any item does not apply, enter "N/A" or write "0" where an amount is requested.	Student	Dependent(s)
Income from work (gross amount)		
Social Security Benefits		
Child Support Received		
Food Stamps / WIC		
Public Assistance/Subsidized Housing Income		
Veterans Educational Benefits		
Support Received from Relatives/Friends		

***Submit proof of all current income you receive as indicated in the chart above.**

Current total mortgage/rent payment per month on billing statement: \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ House is paid off

_____ Allowed to live in someone's residence for free

Current total electric costs per month on billing statement: \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ Included in rent

_____ Allowed to live in someone's residence for free

Current total water costs per month on billing statement: \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ Included in rent/well water

_____ Allowed to live in someone's residence for free

Current total phone/cable/internet costs per month on billing statement: \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ Included in rent

_____ Allowed to live in someone's residence for free

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Current total grocery costs for everyone in the home **per month:** \$ _____

Monthly amount paid by student \$ _____

_____ Groceries are purchased by someone else; student does not contribute to cost

Current total car payment **per month on billing statement:** \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ Allowed to use someone else's car

Current total car insurance payment **per month on billing statement:** \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

_____ Student is listed on someone else's policy; student does not contribute to cost

Current total child care expenses **per month billed by daycare:** \$ _____

*Attach a copy of the most recent monthly billing statement

Monthly amount paid by student \$ _____

Monthly amount paid by DSS \$ _____

_____ Child care is provided for free by family member/friend/other

Current total health insurance costs **per month on billing statement:** \$ _____

*Attach a copy of the most recent monthly billing statement or Medicaid card

Monthly amount paid by student \$ _____

_____ No insurance

_____ Health insurance coverage is provided by Medicaid

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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