

## 2022-2023 Independent Status Due to Dependent Child

A. Student Information						
First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)			
Phone Number (include area code) or Email			Date of Birth			
B. Biological Parent	Information	ı				
List your child(ren)'s other b	iological parent. If	the other parent is an IWCC st	udent include their Student ID number.			
Other Biological Parent		Name of College	IWCC ID (if enrolled)			

## C. Independent Status Due to Dependent Child

The only factor making you an independent student on the FAFSA is that you indicated you have a child(ren) for whom you provide the majority of support but the income you reported on the FAFSA falls below the federal poverty guidelines. This form is used to demonstrate you have the resources to independently support your child(ren). If you cannot demonstrate you are independently supporting your child(ren) you will be considered a dependent student and will be required to use your parent's information on the FAFSA.

You will be considered a **dependent student** if any of the following apply to you:

- You live with your parents
- You are not the primary custodial parent of your child(ren)
- You live in campus housing
- You do not have a sufficient income to support yourself and your child(ren)

## D. Student Household Information

List the names of all people who live in your household:

Full Name	Age	Relationship to student
		Self
		Child



## **E. Financial Support**

List monthly expenses for the following items, you <u>cannot</u> leave any item blank. If you enter 0 you must explain why you have no expense for that item.

	Amount per Month	Who Pays (self, other parent, grandparent, agency)
Housing/Rent/Mortgage	\$	
Food	Ś	
Child Care	Ś	
Medical Insurance	Ś	
Transportation	Ś	
Diapers/Clothing/Necessities	Ś	
	SUBMIT YOUR MOST CL	JRRENT PAY STUB WIH THIS FORM ****
	ur reasoning includ	paying all expenses for yourself and les income earned from work you must
G. Certification and Signatu	re	
clarification pertaining to my situation	on stated above. By signifor federal student assist	y be asked to provide additional documentation or ng this form I certify under penalty of perjury, that all ance is complete and accurate. If I give false or sentenced to jail, or both.
Student's Signatur		Date