

2020-2021 Independent Status Due to Dependent Child

A. Student Information

Last Name	First Name	M.I.	Student ID # (DO NOT INCLUDE SSN)
Home Phone Number (include area code)			Date of Birth

B. Biological Parent Information

List your child(ren)'s other biological parent. If the other parent is an IWCC student include their Student ID number.

Other Biological Parent	Name of College	IWCC ID (if enrolled)
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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. 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 **cannot** 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	\$	
Food	\$	
Child Care	\$	
Medical Insurance	\$	
Transportation	\$	
Diapers/Clothing/Necessities	\$	

Your total income each month: \$ _____

******You must also submit your most current pay stub with this form******

F. Provide a brief explanation of how you are paying all expenses for yourself and child(ren). Remember if your reasoning includes income earned from work you must provide a copy of your most recent pay stub:

G. Certification and Signature

I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate. If I give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

Student's Signature

Date