



In order to verify your status as an independent student for financial aid purposes, we must collect this information from students under 24 years of age who have answered YES to one or both of the FAFSA questions reporting that you provide more than half the financial support for children or other legal dependents.

****If you DO NOT have children or dependents please correct your 2025-26 FAFSA and provide parent information.****

Student Name _____ Banner ID _____

Student Address _____

Does your dependent(s) live with you? ☐ Yes ☐ No

Do you and/or your dependent live with your parent(s)? ☐ Yes ☐ No ☐ Only I do ☐ Only my dependent does

Part 1: List all the people who live at the address entered above. Additional people in your household may be listed in the space available on the back of this form, if needed.

Name	Is this person your dependent?	Relationship to you	Will you provide more than half of their financial support from 7/1/25 through 6/30/26?
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No

If your dependent does not live with you, please provide proof you provide more than half of your dependent's support by answering the following questions and then answer Part 2 below about the expenses of that household. *If you live with your dependent, enter NA and move on to Part 2.*

How much do you pay in child support each month? \$ _____

Who does your child live with? _____

How many people live in that household? _____

Part 2: Please provide information about the monthly expenses paid by the household your dependent lives with:

Housing cost (rent/mortgage) \$ _____
Utilities/Phone \$ _____
Child Care \$ _____
Food \$ _____
Transportation \$ _____
Medical/Dental \$ _____
Other (_____) \$ _____

Part 3: Please list all income/sources of support that **you**, and if applicable, **your dependent(s)**, receive each month:

Source of Income	Who receives this income?	Monthly Amount
Wages from employment		\$
Unemployment Benefits		\$
Social Security/Disability		\$
Child Support		\$
Bills paid by someone else on your behalf		\$
Social Security		\$
Public Assistance (such as SNAP, TANF, WIC, Sec 8)		\$
Other Income (please specify) _____		\$
TOTAL MONTHLY INCOME**		\$

By signing this worksheet, I certify that the above information is true and is a complete representation of my financial status. I agree to provide supporting documentation to verify such, if requested.

Student Signature _____ Date _____

Return completed form via fax 518.743.2314, email finaidoffice@sunyacc.edu,
or in person at 640 Bay Road, Warren Hall - Financial Aid Office

For office use only:

Total number of household members: ____

Expense per household member: ____

Student income: ____

50% threshold met? Y / N