

In-state: (800) 210-6932
 Fax: (207) 454-1018

VERIFICATION OF SUPPORT

Student Name: _____ Student ID #: _____

You have stated that you have dependent (other than your children or spouse) who live with you and who receive more than half of their support from you. However, they are not claimed as dependants on your federal tax return. Please list these dependents:

| Name | Age | Relationship To Student | If attending college, list Name of College | Enrolled full-time or part-time |
|------|-----|-------------------------|--|---------------------------------|
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Please complete the following table with other sources of income that are provided for these individuals:

| Other sources of household income: | Monthly/ Weekly Amount | # of Months/ Weeks Received | Name of Person Receiving |
|---|------------------------|-----------------------------|--------------------------|
| TANF | | | |
| ASPIRE | | | |
| Food Stamps | | | |
| Child support received for all children | | | |
| Tribal Government Assistance | | | |
| Social Security Payments | | | |
| Veterans Benefits | | | |
| Disability Payments | | | |
| Unemployment | | | |
| Other (please explain) | | | |

Submit completed form to WCCC's Financial Aid Office.

 Student Signature

 Date