



HOLMES
COMMUNITY COLLEGE

Office of Financial Aid 2015/2016 Legal Dependents Worksheet	FORM - 16LDW
--	--------------

Student's Name: _____

Social Security Number: _____ Holmes ID Number: H00_____

On your Free Application for Federal Student Aid (FAFSA) you answered "yes" to one or both of the following questions:

"Do you have children who will receive more than half of their support from you, now (date FAFSA completed) and through the end of the academic year?" OR

"Do you have dependents (other than your children or spouse) that live with you and who receive more than half of their support from you, now(date FAFSA completed) and through the end of the academic year?"

Support for your children or dependent(s) includes housing, food, clothing, medical, dental care, childcare, money, gifts, etc. that you provide.

Resources that enable you to provide the support can include: (1) earnings you receive from work or in-kind support (housing/food in exchange for work), (2) assistance you receive from other agencies (such as Medicaid, Temporary Assistance for Needy Families/TANF, and food stamps/SNAP). **Money you receive from your parent(s) cannot be included as resource for your dependents' support. For financial aid purposes, foster children are not considered to be legal dependents.**

List your dependent(s) if, at the time you completed your FAFSA, they lived with you and received **more than half of their support from you** and will continue to receive more than half of their support from you through the end of the academic year. Complete certification below.

NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU, THE STUDENT	INDICATE THE DATE HE/SHE BEGAN LIVING WITH YOU
			Began living with you ____ / ____ / ____
			Began living with you ____ / ____ / ____
			Began living with you ____ / ____ / ____

Documentation:

- You must attach a copy of any legal guardianship, custody documents, birth certificates, or other documentation that you have to support your legal claim to the above dependent(s).
- If you claimed these dependent(s) on your 2014 income tax return, please attach a copy of your 2014 IRS Tax Return Transcript. Tax Return Transcripts must be requested directly from the IRS by visiting www.irs.gov and clicking on "Order a Transcript", by calling 1-800-908-9946, or by visiting your local IRS office. **Failure to submit required documentation can result in a delay in processing your financial aid.**

Certification:

- I attest I do provide more than half of the support for the dependent(s) listed. By checking this box, I also certify the dependent(s) lived with me at the time I completed the FAFSA and will continue to live with me through the end of the academic year and I will provide more than half of their support through the end of the academic year.
- I answered incorrectly and none of these conditions apply to me. By checking this box, I understand that I will need to return this form to the Financial Aid Office and correct my FAFSA by adding parental information, if student would otherwise be dependent for purposes of the FAFSA.

By signing below, I certify that all information provided on this form and on the FAFSA application is complete and correct to the best of my knowledge. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, and/or removed from school. Applications that are suspected to contain fraudulent information will not be awarded federal financial aid.

Student Signature
no electronic signature, must be original

Date

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to gmuse@holmescc.edu.