



Umpqua Community College  
 Financial Aid Office  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4602 | 541.440.4612 (FAX)  
 FinancialAid@umpqua.edu

**2018-2019  
 Proof of Dependent Support**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/Message Phone \_\_\_\_\_

**On your FAFSA you stated that you have individuals, other than your children or spouse, living with you and are receiving more than half of their support from you now and through June 30, 2019.**

**After reading the above statement, I have determined that I DO NOT HAVE DEPENDENTS OTHER THAN MY CHILDREN OR SPOUSE THAT I SUPPORT. (STOP! If you checked this box, you do NOT need to fill out the rest of this form.)**

**Part 1 – Answer the following questions.**

Do your dependents live with you?	Yes	No
Can you provide proof that you contribute over 50% of their financial support?	Yes	No
Do you and/or your dependents live with your parent(s)?	Yes	No
If your dependent is not your natural or adoptive child, will they live with you and receive over 50% of their support from you between July 1, 2018 and June 30, 2019?	Yes	No
Do your dependent(s) have their own source of income such as <u>work, unemployment, child support, social security</u> , or other source? If <b>YES</b> , you must list the amount of each dependent(s) 2016 income <u>and</u> source of income below. ↓	Yes	No

**➔ List the name(s), source(s) of income and the total amount(s) of income from that source(s) for 2016 that the dependent(s) received:**

DEPENDENT(S) NAME	SOURCE OF INCOME	AMOUNT RECEIVED IN 2016
<i>Example: Isaac Seemore</i>	<i>Social Security</i>	<i>\$3792.00</i>
1.		\$
2.		\$
3.		\$

**Part 2 – List the names, ages, and relationship of dependent(s) to you if they live with you and you will provide more than half their support from July 1, 2018 through June 30, 2019. Do NOT include your children, step-children, or spouse.**

NAME	AGE	RELATIONSHIP
1.		
2.		
3.		

*By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_