



Evaluation of Support for Child or Dependent

Complete this entire form if you have been notified on your To-Do list that you are required to verify financial support of your dependent. **Incomplete forms or conflicting information will cause delays in the processing of your aid.** Instructions for looking up your Student I.D. can be found here: [Find your student ID here.](#)

A. Student Information

Last Name: _____ First Name: _____

Student ID (required): _____ Date of Birth: ____/____/____ Phone Number: (____)____-____

B. Dependent Information

Dependent Name: _____ Age: _____ Relationship to Student: _____

Does the dependent live with you for at least 6 months and 1 day per year? Yes: _____ No: _____

If dependent is over 15, does he/she work? Yes: _____ No: _____ If yes, annual income \$ _____

Please attach proof of income (most recent paycheck stubs, most recent W-2, most recent taxes filed, etc.)

C. Student's Financial and Expense Information

Student's annual income: \$ _____ Please attach proof of income (most recent paycheck stubs, most recent W-2, most recent taxes filed, etc.)

Do you receive any of the following? WIC benefits: Yes ____ No ____

SNAP: Yes ____ No ____ Monthly amount \$ _____

Housing assistance from a federal, state, or local program: Yes ____ No ____ Monthly amount \$ _____

Do you receive any other financial assistance from a federal, state, or local source? Yes ____ No ____ if yes, please specify:

Source _____ Monthly amount \$ _____ Source _____ Monthly amount \$ _____

Source _____ Monthly amount \$ _____ Source _____ Monthly amount \$ _____

Housing situation: Own home: ____ Rent home: ____ Live with Family: ____ Other (specify) _____

Monthly housing payment paid by the student: \$ _____

Please give the **average** monthly amount of the household expenses paid by you, the student (e.g. electric, gas, water, telephone, child care, car payment, other required monthly payments such as loans, insurance, etc.) Please provide receipts or a copy of your bank statement indicating payments made.

Expense	Amount	Expense	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

D. Certification and Signatures

I certify that all the information reported on this worksheet is complete, correct, and any additional information is attached.

Student Signature: _____ Date Signed: ____/____/____

Please return this completed form in one of the following ways; fax to 540-234-8189, scanned e-mail attachment to finaid@brcc.edu, or mail to Blue Ridge Community College, Office of Financial Aid, Box 80, One College Lane, Weyers Cave, VA 24486. Please call 855-844-3631 if you have questions.