



Lurleen B. WallaceTM

COMMUNITY COLLEGE

Dependent Student

CERTIFICATION AND STATEMENT OF DEPENDENTS (OTHER THAN CHILD OR SPOUSE)

Please complete this certification, sign and submit to the Financial Aid Office.

Student Name: _____ Student Number: _____

Please list below dependents (other than your children or spouse) who currently live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship	Other Financial Assistance
Missy Jones (<i>example</i>)	15	Niece	

Please explain why people listed above live in your household and why they will receive financial support from you:

I (We) certify that the above information is complete and correct (At least one parent must sign).

Student

Date

Parent

Date

01/24/2024

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.