

Student Name_____

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

2022-2023 Proof of Dependent Support

Student ID_____

ailing Address	City		State	Zip		
none	Alternate/Me	ssage Phone				
On your FAFSA you stated that you have individed more than half of their support from you now a			, living with	you and are	receiving	
☐ After reading the above statement, MY CHILDREN OR SPOUSE THAT I SU rest of this form.)						
Part 1 – Answer the following questions.						
your dependents live with you?				Yes	No	
in 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, 2021 and June 30, 2022?			9	Yes	No	
Do your dependent(s) have their own source of in support, social security, or other source? If YES, you solve the source of income below.	ncome such as work, une	mployment, chi		Yes	No	
List the name(s), source(s) of income and the received: DEPENDENT(S) NAME	source of incom	·				
Example: Isaac Seemore	Social Security \$ \$ \$ \$		\$3792.00			
1.			¢			
2.						
3.			\$			
Part 2 – List the names, ages, and relationship of half their support from July 1, 2022 through Jun		•	_			
NAME		AGE		RELATIONSHIP		
1.						
2.						
3.						
signing below, I certify that the above information is t ned up to \$20,000, sent to prison, or both.	true and correct. I also unde	erstand that if I giv	e false or mi	sleading inforn	nation, I ma	
Student Signature		Date				