

Financial Aid Office

2024 – 2025 Verification of Child or Legal Dependent

You reported on your FAFSA that you are independent by having a dependent who will receive more than half of their support from you during the 2024-2025 academic year. This form is required to verify the information you reported on your FAFSA.

Studer	nt Information:					
Name:				SCCC ID:		
Address:		Telephone:				
	(Include City, State and Zip Code)		·		
Depen	dent Information:					
Please	select one of the following:					
☐ I ha	ave a child who will receive more th	an half of thei	r support from me from July	1, 2024 to June 30	, 2025.	
	ave dependents, other than a child of 24 to June 30, 2025.	or spouse, wh	o will receive more than hal	f of their support fr	om me from July 1,	
	Please list the names an	d ages of yo	ur dependents and their	relationship to y	ou:	
	Name of Dependent	Age	Relationship to You	Will this person from 7/1/2024	•	
				☐ Yes	☐ No	
				Yes	☐ No	
				☐ Yes	☐ No	
				Yes	☐ No	
Please	complete all questions below:					
1.	Where do you currently live?	Off-camp	us (own home/apartment)	☐ With parent	(s)	
2.	Are you currently employed? Yes No					
	If yes, what is your monthly gross income?					
	If no, explain how you support the children/dependents more than 50%:					
,						
3.	Did you claim the children/dependent(s) on your 2023 Federal Tax Return? Yes No					
	If yes, submit a copy of your 2023 tax return showing dependents claimed on tax return.					
	If no, who claimed (or will claim) the dependent(s)?					
	Relationship to dependent(s)?					
4.	Do you receive child support f	or the depe	ndent(s)? 🗌 No 🔲 Ye	s & <u>monthly</u> amoun	t: \$	

Supporting Documentation:

	mination regarding your dependency status. Ying support.	We reserve the right to ask for addition	nal documentation
	☐ Recent paystubs verifying employment e	earnings.	
	☐ Most recent Federal tax returns showing	you claim the children/dependents.	
	☐ Documentation of child support received	d/paid.	
	Documentation of TANF/WIC/SNAP or ot dependent(s).	ther federally subsidized programs in y	our name for the
	Legal court documents.		
Stud	ent Signature and Certifications		
Pleas	e select one of the following:		
	provide at least 51% support for the depender f support	nt(s) listed on this form and have attack	ned documentation
vi	do not provide at least 51% support for the dosit studentaid.gov and update my 2023-2024 Foust contact my home campus financial aid offi	FAFSA to include my parent(s) informa	tion. I understand I
	Student Signature	Date	<u> </u>

Please submit the following documents, if applicable. These suggested documents will help us make a

Please return completed form and supporting documentation, if applicable, to your home campus Financial Aid Office.

Central Administration

533 College Road Selden, NY 11784-2899

(631) 451-4108

Ammerman Campus 533 College Road Selden, NY 11784-2899 (631) 451-4072 (631) 451-4640 - FAX

Email:faidammr@sunysuffolk.edu

Michael J. Grant Campus 1001 Crooked Hill Road Brentwood, NY 11717-1092 (631) 851-6712 (631) 851-6814 - FAX

Email:faidwest@sunysuffolk.edu

Eastern Campus

121 Speonk-Riverhead Road Riverhead, NY 11901-3499 (631) 548-2525 (631) 548-3651 - FAX

Email: faideast@sunysuffolk.edu