



### Legal Dependent Form

Your 2016-2017 application indicates that you have at least one dependent. To claim an individual as your dependent for financial aid purposes, you must be currently providing at least 51% of the individual's support. You must also continue to provide at least 51% of their support throughout the 2016-2017 school year. Please carefully read and complete this form. You must attach any supporting documentation required.

Student Last Name	First Name	M.I	SSN
Address	City		State Zip Code
Phone	Email Address	Date of Birth	

#### Part I Dependent Information

Please provide the following information about your dependent(s) for the period of time July 1, 2016 through June 30, 2017:

Full Name	Age	Relationship to you
Address of Dependent	City	State Zip Code

Will your dependent(s) live with you during the school year  Yes  No  
 How will you provide medical insurance for your dependents \_\_\_\_\_  
 Attach documentation of coverage.  
 Did you claim your dependent as a tax exemption on your 2015 tax form  Yes  No  
 If no, who did \_\_\_\_\_  
 Will you claim your dependent as a tax exemption on your 2016 tax form  Yes  No  
 If no, who will \_\_\_\_\_

#### Part II Student Information

Please provide the following information about yourself for the time period of July 1, 2016 through June 30, 2017:

Where will you reside while attending RMC  On Campus  With Parent  Off Campus  
 Who provides medical insurance for you \_\_\_\_\_  
 Who claimed you as a tax exemption on the 2015 tax form \_\_\_\_\_  
 Who will claim you as a tax exemption on the 2016 tax form \_\_\_\_\_

**Part III Student Resources & Dependent Care Support**

Please estimate the following annual projected income for the time period of July 1, 2016 through June 30, 2017:

- Estimate the total amount you will earn \$ \_\_\_\_\_  
 Attach your most recent wage statement or paystub showing year to date income.
- Estimate the total child support you will receive \$ \_\_\_\_\_  
 Attach documentation showing the amount paid to you so far during the year.
- Estimate AFDC/TANF/Food Stamps (SNAP), cash benefits you receive \$ \_\_\_\_\_  
 Attach documentation.
- Estimate monthly rent/mortgage \$ \_\_\_\_\_  
 Attach rental agreement/mortgage payment.
- Estimate monthly food expenses \$ \_\_\_\_\_
- Estimated monthly utility expenses (electric, water, phone, cable, etc.) \$ \_\_\_\_\_  
 Attach copies of your most recent utility bills.
- Estimated annual transportation expenses (car payment, fuel, insurance, registration, etc.) \$ \_\_\_\_\_  
 Year, make and model of your car \_\_\_\_\_  
 Owner of the car \_\_\_\_\_  
 Attach copy of title.
- Who makes your car payment and insurance payments? \_\_\_\_\_  
 Attach documentation of car and insurance payments.
- Estimated annual assistance received from other sources \$ \_\_\_\_\_  
 Name the sources and/or provide documentation.

**Part IV Dependent Care Expenses**

Please estimate the following annual projected expenses for the period of time July 1, 2016 through June 30, 2017.

- Do you pay for day care expenses for your dependent? \_\_\_\_ Yes \_\_\_\_ No  
 If you checked Yes, provide documentation for the estimated amount you will pay.  
 If you checked No, explain who is providing care for your dependent while you attend class and work \_\_\_\_\_  
 (If HRDC is assisting you with childcare, please attach documentation.)

PLEASE READ: If you are unable to document your independent status based upon having a child/legal dependent you are supporting, please correct your FAFSA online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) by changing the applicable dependent question from “yes” to “no” and adding your parents’ information. If your independent status is confirmed, the Financial Aid Office will continue to process your application. By signing below, you are certifying that all information you have submitted is accurate and verified with supporting documentation.

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

Return this form to the Financial Aid Office, Rocky Mountain College, 1511 Poly Drive, Billings, MT 59102, fax: 406.238.7351, email: [finaid@rocky.edu](mailto:finaid@rocky.edu), phone: 406.657.1031