Legal Dependent Form

Your 2013-2014 application indicates that you have at least one dependent child. To claim the child as your dependent for financial aid purposes, you must be currently providing at least 51% of the child(ren)’s support. You must also continue to provide at least 51% of their support throughout the 2013-2014 school year. Please carefully read and complete this form. You must attach any supporting documentation required.

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I</th>
<th>SSN</th>
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<tr>
<td>Phone</td>
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**Part I Dependent Information**
Please provide the following information about your dependent(s) for the time period of July 1, 2013, through June 30, 2014:

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<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to you</th>
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<td>Address of Dependent</td>
<td>City</td>
<td>State</td>
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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 dependents as a tax exemption on your 2012 tax form? ___Yes ___No

If not, who did? ________________________________

Will you claim your dependent as a tax exemption on your 2013 tax form? ___Yes ___No

If not, who will? ________________________________

**Part II Student Information**
Please provide the following information about yourself for the time period of July 1, 2013 through June 30, 2014:

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 2012 tax form? ________________________________

Who will claim you as a tax exemption on the 2013 tax form? ________________________________
Part III Student Resources & Dependent Care Support
Please estimate the following annual projected income for the time period of July 1, 2013, through June 30, 2014:

Estimate the total amount you will earn $____________
(Attach your most recent wage statement or pay stub 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)

Estimated monthly rent/mortgage $____________
(Attach rental agreement/mortgage payment)

Estimated 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 time period of July 1, 2013, through June 30, 2014.

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 by changing the applicable dependent question from “yes” to “no” and adding your parents’ information. By signing below, you are certifying that all information you have submitted is accurate and verified with supporting documentation.

Student Signature ____________________________ Date ________________