## 2023-2024 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN

Student's Name	Student's ID Number			
<ul> <li>Independent -You indicated that you have dependents who is 24 years old or older. Do you have dependents and who receive more than half of their support from your money, housing, food, clothes, medical and dental care OR</li> <li>Dependent - You indicated that your parents have depa a child who is 24 years old or older. Do your parents have have live with your parents and receive more than half of receive more than half of their support from your parent includes money, housing, food, clothes, medical and described in the control of their support from your parent includes money, housing, food, clothes, medical and described in the control of their support from your parent includes money, housing, food, clothes, medical and described in the control of their support from your parent includes money, housing, food, clothes, medical and described in the control of their support from your parent includes money.</li> </ul>	(other than ou, now an e, gifts, load oendents (o ave dependents, now an	your children or spouse) we dethrough June 30, 2024? So as, payment of college costs ther than their children or splents who are not your parely port from your parents and dethrough June 30, 2024? So	ho live with you support includes s, etc.  bouse), or support ints' children but will continue to support	
1. Check the box that applies:				
□ No→ Select "No" if you/your parents don't have d select "No" if you/your parents have dependents, support from you/your parents. Skip to 4. Certification	but they a	ren't receiving more than ha		
<ul> <li>☐ YES→ Select "Yes" if you/your parents have dependent below, list the people who meet the followin</li> <li>1) They live with you/your parents now.</li> <li>2) You/your parents provide more than half of the sum of the su</li></ul>	g criteria: :heir suppo	rt, and	, ,	
Full name of dependent	Age	Relationship to student		
3. Check the box that applies IF you answered "YES":				
☐ The dependent was not employed and had no inc	come earne	ed from work in 2021.		
☐ The dependent was employed in 2021. Provide comployers. If your dependents listed above filed or 2021 IRS Tax Return Transcript(s) or a signed copy	will file a 2	021 IRS income tax return, I	have them provide	
4. Certifications and Signatures			٦	
		: If you purposely give false or g information, you may be fined, son, or both.		
Student's Signature (Required)		Date		
Other Dependent Signature (Required unless minor)		Date	Date	
Parent's Signature (Required if student is dependent)		 Date		

Please return this completed form to Indian Hills Community College along with any other requested materials: Mail: IHCC Financial Aid Office, 525 Grandview Ave, Ottumwa IA 52501
or bring to One Stop/Bennett Student Services Building
You can check your financial aid document status, print required forms, and view your financial aid award information (once available) on WIN Dashboard.