



OFFICE OF STUDENT FINANCIAL AID

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PROOF OF DEPENDENT FORM

(2023-2024 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
Phone # (include area code)		CCC Student Email Address @students.coconino.edu	

On the FAFSA you indicated you have a child or dependent to whom you provide at least half of their support.

Do you have a child or children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a copy of your child(ren)'s birth certificate showing you as the parent.</i>
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must attach a doctor's statement confirming pregnancy and your due date occurring before June 30, 2023.</i>
Will your child(ren) receive more than half of their support from you between July 1, 2023, and June 30, 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you between July 1, 2023, and June 30, 2024?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list their names and relationship to you:</i> _____ _____

Will you receive money from any of the following between July 1, 2023, and June 30, 2024?

Income from working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial aid and/or scholarships?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP (Food Stamps)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women, Infants, and Children (WIC) Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Assistance / Benefits (including Section 8 / low-income housing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Assistance (AHCCCS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welfare (including TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (list): _____ (Unemployment, Disability, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that information provided on this form is true and complete to the best of my knowledge. Purposely giving false or misleading information may result in a delay or denial of my federal financial aid and I may be fined up to \$20,000, sent to prison, or both. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.

Draw your signature with a mouse, touchscreen, or pen. Do not type.

Date

PRFDEP