



Bessemer Campus
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Bessemer, AL 35022
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2021-2022
DEPENDENT INFORMATION FORM
Dependents other than Children or Spouse

Last Name First name MI Social Security Number

How long have you lived at your current address? \_\_\_\_\_

Do you rent or own your home? \_\_\_Rent \_\_\_ Own

If you own, is mortgage in your name? \_\_\_Yes \_\_\_No

\* If "No," explain: \_\_\_\_\_

If you rent, is the rental agreement in your name? \_\_\_Yes \_\_\_No

\*If "No," explain: \_\_\_\_\_

\*Please submit all supporting documentation as requested.

(This documentation could include proof of rent or mortgage payments, receipts for food or clothing, and proof of enrollment in school.)

Report resource (s) and the annual amount of 2020 income or untaxed income received. Check ALL that apply.

Table with 4 columns: Source, 2020 Annual Amount, Source, 2020 Annual Amount. Rows include Employer, Social Security Benefits, Child Support, Parent(s), Welfare Benefits (TANF), and Other.

Attach a year-to-date paycheck and prior year tax return.

Answer the following questions regarding dependents listed on your 2021-2022 Student Aid Report.

Name of Dependent: \_\_\_\_\_

What is the dependent's relationship to you? \_\_\_ Sibling \_\_\_ Grandchild \_\_\_ Other: \_\_\_\_\_

If the relationship to you is sibling, grandchild or other attach documentation of legal custody. Must submit Social Security, Tax Return Transcript, W2 forms, or IRS Non-filer status letter for dependent. If you cannot provide documentation, please explain:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Did the dependents live in your home in 2020? \_\_\_Yes \_\_\_No If "Yes," for how many months? \_\_\_\_\_

If "No," please explain: \_\_\_\_\_

Do you expect the dependent to live with you from July 1, 2021 through June 30, 2022? \_\_\_Yes \_\_\_No

Will you provide and continue to provide more than half of the dependent's support from July 1, 2021 through June 30, 2022? \_\_\_Yes \_\_\_No

Did the dependent receive social security benefits or other untaxed income in 2019/ 2020? \_\_\_Yes \_\_\_No If "Yes," how much?  
\$\_\_\_\_\_

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Comments \_\_\_\_\_

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By signing this form, I certify that all the information reported on it is complete and correct.

**WARNING:**  
If you purposely give false or misleading information on this form, you may forfeit any possible financial assistance.

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

\_\_\_\_\_  
Parent Date

**Note: The rules used for determining whether or not someone can be counted in the household for FSA purposes are not the same as the IRS rules for determining household members or dependents. Whether a child is claimed as a dependent on the tax form is irrelevant when deciding who is in the household for FSA purposes**

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**SFS Office Use Only:**

**Comments:**

Accepted:      Denied:      By:      Date