



2018-2019
Form E - Income Support Verification
Claiming Dependent Child(ren)

Last Name _____ *First Name* _____ *MI* _____ *Phone Number* _____ *Crowder ID #* _____

Your financial aid status as an Independent student is based only on your response to Question #51 on the Free Application for Federal Student Aid (FAFSA). **You indicated that you will provide over 50% support for your child(ren) during the 2018-2019 academic year (July 1, 2018 – June 30, 2019).** The Financial Aid Office requires that you submit documentation confirming this support. Please return this completed and signed form, in black or blue ink, along with any additional requested documentation to the Financial Aid Office.

***Please answer all questions and include documentation if needed.**

Questions to be answered	Documentation needed based upon your answer
1. Are you and/or your child(ren) living with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered No, provide a copy of your rental/lease agreement.
2. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered Yes, provide a copy of your most recent pay stub.
3. Are you or your child(ren) currently receiving any of the following forms of support? <input type="checkbox"/> TANF <input type="checkbox"/> SNAP (formerly known as food stamps) <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Support received from your child(ren)'s other parent <input type="checkbox"/> None of the above	If you answered Yes to Child Support received from your child(ren)'s other parent, please provide the following: Monthly amount received: _____
4. Do you receive support from anyone other than your parents and/or child(ren)'s other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered Yes, please provide the following: The name of the supporter(s): _____ Your relationship to the supporter(s): _____ Monthly amount received: _____

***Please attach any requested documents with this form.**

Student Signature: _____ Date: _____

Return to: Crowder College, Financial Aid Office, 601 Laclede, Neosho, MO 64850 or fax: 417-455-5731.

STOP: DID YOU FULLY COMPLETE AND SIGN THIS FORM IN BLACK OR BLUE INK?

WE ARE UNABLE TO PROCESS INCOMPLETE OR UNSIGNED FORMS. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 417-455-5678 OR 417-455-5419.