



Seward County Community College ♦ Financial Aid Office
2019-2020 Verification – Legal Dependent (noncustodial)

Student Name: _____ **Social Security Number:** _____

Student Signature: _____ **Date:** _____

If you are an independent student, due to the fact that you have a child but the child does not live at your address, you must complete the following form to verify that the amount of support you will pay for the child from July 1, 2019 to June 30, 2020, will be greater than one-half of the child's annual support. This amount can include court-ordered child support and other support provided to the child. This information must be verified by the custodial parent (person with whom your child is living), whose signature must be notarized.

Name of Child

Social Security Number of Child

_____	_____
_____	_____
_____	_____
_____	_____

Custodial Parent Section - By my signature, I certify that the above-named non-custodial parent provided more than one-half the annual support for the above-named child in my custody.

Custodial Parent Name (Person taking care of child)

Date

Custodial Parent Signature

Date

SIGNED OR ATTESTED IN MY PRESENCE ON this _____ day of _____, _____.

Notary Public

My commission expires

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