

ENROLLMENT SERVICES, OFFICE OF FINANCIAL AID

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2021-22 INDEPENDENT DUE TO DEPENDENT(S) OTHER THAN CHILD(REN) OR SPOUSE

Student under the age of 24 (born before January 1, 1998)

Student Name _____

Student ID _____

Purpose of this form:

The Financial Aid Office will review the information you provide on this form to determine if you should be considered an independent student for financial aid purposes.

If you made an error on your FAFSA regarding your support of other dependent(s) or you do not want to complete this form, you can choose to update question #51 (refers to supporting dependents other than your children or spouse) to "no" and add parental information on the FAFSA in order for your financial aid to be processed.

1. Dependent Information (Attach a separate sheet, with your name and ID, if necessary):

Dependent's Full Name(s)	Age	Relationship to You

2. Current Living Arrangement Information

a. **Where do you currently live?** (circle one) Apartment / House / Other; explain: _____

b. Who currently lives where you live?

In the grid below, indicate **ALL persons living where you live, including yourself and your dependent(s), regardless** of their age or relationship to you.

Full Name	Age	Relationship to You

3. Expenses for You and Your Dependent(s)

In the grid on page 2 of this worksheet, you must indicate *to the closest possible amount* the *current monthly* expenses for you and your dependent(s).

- ***You must fill in every box on the grid – do not leave any boxes blank – indicate \$0 or N/A, if applicable.***
- If you are not providing the monthly coverage for an expense indicated, you must determine (to the best of your knowledge) the monthly monetary value of the funding that is being provided to you and your dependent(s) by other individuals or benefits.
- The expenses indicated are considered basic necessities required to support an individual who is attending school and providing for dependent(s). Blank boxes are provided for you to fill in any additional expenses (such as phone, insurance, out-of-pocket medical expenses etc.) that are not pre-populated on the grid.
- An example is indicated on page 2 for your reference.

Expense Example:

EXPENSE TYPE	MONTHLY TOTAL	MONTHLY AMOUNT PAID BY				
		(1) You	(2) Another Person(s)	Their relationship to you	(3) State or federal benefit	Name/Type of benefit
Total rent/mortgage for property where you live	\$550	\$300	\$250	Dependent	N/A	N/A
Food for you & dependent(s)	\$275	\$50	\$100	Parents	\$125	SNAP

a. Fill in your expense information. ALL boxes MUST be filled in - see example, above.

EXPENSE TYPE	MONTHLY TOTAL	MONTHLY AMOUNT PAID BY				
		(1) You	(2) Another Person	Their relationship to you	(3) *State or federal benefit	Name/Type of benefit
Total rent/mortgage for property where you live	\$	\$	\$		\$	
All Housing Utilities	\$	\$	\$		\$	
Food for you & dependent(s)	\$	\$	\$		\$	
Clothing for you & dependent(s)	\$	\$	\$		\$	
Transportation	\$	\$	\$		\$	

b. ***Supporting documentation of state and/or federal benefits, if indicated - Attach to this form prior to submitting!**

If you indicated SNAP, Cash Assistance, Subsidized Daycare, LIHEAP or other federal or state benefits, you must provide documentation of these benefits. For most people who reside in Pennsylvania, the "MyCompass" benefit statement from the PA Department of Public Welfare will be sufficient; simply log into www.compass.state.pa.org and print the benefit summary. Copies of PA Access cards, medical insurance cards or SNAP/WIC checks are not acceptable!

c. If you do not have expenses for one (or more) of the categories listed in the above grid, you must explain why the expense is not applicable:

4. **Dependent's Income** (including all benefits such as SSI, SSD, Veteran's benefits, etc., if received):

Dependent's Current Monthly Income Amount	Source/Type
\$	
\$	
\$	

What happens next?

If it is determined that you should not be considered an independent student based on the information you provided, you will be informed by the Financial Aid Office that it will be necessary for you to re-submit your FAFSA as a dependent student, correcting question #52 (refers to supporting dependents other than your children or spouse) to "no" and adding parental information on the FAFSA in order for your financial aid to be processed.

5. By signing below, I certify that the above information is true and correct to the best of my knowledge:

Student Signature

Date

Student Daytime Phone Number

6. Return this form via secure document upload at <https://sft.mc3.edu/filedrop/finaidupload>, in person, or by mail.