

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Award Year
_____
Dependency Status
_____

## GREENVILLE TECHNICAL COLLEGE Clarification of Income and Support

Complete the check-marked sections or the section(s) mentioned on the Missing Information Letter.

### SECTION A: INDEPENDENT STUDENT WITH DEPENDENTS

I am an independent student with a dependent(s). My parents or another tax filer claimed me on their tax return last year; however, they will not claim me on their \_\_\_\_\_ federal tax return. They no longer provide more than 50% of my or my child's support. *(Your parent must sign the back of this form.)*

### SECTION B: SUPPORT OF OTHER HOUSEHOLD MEMBERS

You listed people in your household that are **not members of your immediate family** on your verification or status worksheet. Please list them below and explain your claim that you or your parent(s) will provide more than 50% of the support for the person(s) listed below from July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_. We will determine if they can be included in your household for financial aid purposes.

Name of other person(s) you and/or your spouse/parent(s) provide more than 50% of support:

Full Name	Age	Relationship

Reason this person(s) listed above lives with you and/or the reason you support them. (Be specific).

\_\_\_\_\_

Signature of person you or you parent(s) support (if age 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

Signature of person you or you parent(s) support (if age 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

### SECTION C: PARENTAL NON-SUPPORT OF DEPENDENT STUDENT

You indicated that your parents refuse to provide financial support and include their demographic/financial information on the FAFSA. **You understand that you will only be considered for an unsubsidized loan and SC Lottery Tuition Assistance.** Your parent(s) must complete this section and both of you sign below. If this is incorrect, please add your parent(s) information to the FAFSA.

**Date parental financial support ended:** \_\_\_\_\_

*I/we, the parent(s) do not and will not financially support this student for the current school year, and refuse to provide demographic/financial data for the FAFSA.*

Parent please **print** name(s) and sign at the bottom of page: \_\_\_\_\_

If your parent(s) refuse to sign this statement, you must provide a notarized statement from a third-party (e.g. teacher, pastor, counselor, etc.).

### SECTION D: DISLOCATED WORKER

I/my parent lost employment due to a layoff or being fired and did not quit my/their job. **Please attach a signed statement on letterhead from your last employer verifying this information.**

I am/my parent is a stay-at-home parent no longer supported by a spouse, unemployed and having trouble finding or upgrading employment OR am the unemployed spouse of an active duty member of the Armed Forces.

I/my parent was self-employed but now unemployed due to economic conditions or a natural disaster.

Continued on back

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**SECTION E: TAX IDENTITY THEFT VICTIM**

You       Your Parent       Your Spouse      *Spouse's signature* \_\_\_\_\_

The above tax filer is a victim of IRS tax-related identity theft and has made the IRS aware.

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**I/we certify that all the information reported on this form is complete and correct. If information on the FAFSA needs to be corrected, I authorize the Financial Aid Office to make those corrections electronically. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, imprisoned or both.**

Student's signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent's signature (*required for dependent students*) \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Return to:** Greenville Technical College  
Financial Aid Department (MS 6033)  
P. O. Box 5616  
Greenville, SC 29606-5616

**Location:** Financial Aid Department  
Admissions & Registration Center, McAlister Square  
225 S. Pleasantburg Dr  
Phone: (864) 250-8000