



Statement of Dependent Support 2023-2024

Financial Aid Office
7390 S. 6th Street
Klamath Falls, OR 97603
(541) 882-3521
www.klamathcc.edu

Last Name First Name Middle Initial

Current Address (_____) _____
Phone Number (Daytime)

City State Zip

Social Security Number Student ID # E-Mail Address

Name(s) of Dependents (do not include spouse):	Relationship (Example: Child)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do your dependent(s) live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you provide over 50% of their financial support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you and/or your dependents live with your parent(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If your dependent is not your natural or adoptive child, will they live with you and receive over 50% of their support from you between July 1, 2021 and June 30, 2024? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Student Signature: _____ Date: _____