



# Statement of Dependent Support 2025-2026

(Please print in blue or black ink)

Financial Aid Office  
7390 S. 6<sup>th</sup> 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?

☐ Yes

☐ No

2. Do you provide over 50% of their financial support?

☐ Yes

☐ No

3. Do you and/or your dependents live with your parent(s)?

☐ Yes

☐ 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, 2025 and June 30, 2026?

☐ Yes

☐ No

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_