



**KLAMATH**  
Community College

# Statement of Dependent Support 2020-2021

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, 2019 and June 30, 2020?                       **Yes**                       **No**

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

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