



Statement of Dependent Support 2021-2022

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

Last Name	First Name	Middle Initial
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Current Address	(_____)	Phone Number (Daytime)
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City	State	Zip
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Social Security Number	Student ID #	E-Mail Address
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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, 2020 and June 30, 2021? **Yes** **No**

Student Signature: _____ **Date:** _____