



Financial Aid
1530 W. 17th St.
Santa Ana, CA 92706

2024-2025

Name of Financial Aid Applicant (Please print)

Last

First

Middle

Student ID Number: _____

Dependent Support Form

You indicated on your FAFSA that you support one or more children or other dependents more than 50%. If you do not support a child or dependent more than 50% you must correct and resubmit your FAFSA instead of completing this form.

- **Select the item(s) below that are applicable to you and upload this signed form along with the supporting documentation for each item checked.**
- **Supporting documentation must be dated within the last 60 days and have your name as the recipient.**

- ☐ **Federal Housing Assistance** (submit supporting documentation dated within the last 60 days)
- ☐ **Supplementary Security Income (SSI)** (submit supporting documentation dated within the last 60 days)
- ☐ **TANF** (submit supporting documentation dated within the last 60 days)
- ☐ **If you currently work, upload your most recent paystub showing your year-to-date earnings**

I HEREBY CERTIFY, to the best of my knowledge, all the information provided is true and complete. I understand that false statements or misrepresentation will be cause for denial or repayment of financial aid. I agree that Santa Ana College may update my FAFSA based on this document if needed.

Student Signature

Date

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.