

KVCC  
**Affidavit of Support — 2015 – 2016**

Student \_\_\_\_\_ Valley ID # V00 \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your verification documents have been received and reviewed by the Financial Aid Office. We need additional information to complete your file. Please print your name and Valley ID number on the top of all documents you submit.

### **Independent Students**

**Section 1. Complete this section if you (the student) will be supported by another person.**

**To be completed by the person providing support for the student**

I certify that this student \_\_\_\_\_ **currently** lives with me and now gets more than half (51%) of his/her support from me and that I **will continue** to provide this support between July 1, 2015 and June 30, 2016.

Provider Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Section 2.**

**Complete this section if you have a dependent (other than your children or spouse) who lives with you and who will receive more than half of their support from you, now and through June 30, 2016.**

**To be completed by the KVCC student  
 who will provide support for a dependent(s), other than his or her children or spouse.**

I certify that \_\_\_\_\_ **currently** lives with me and that I provide more than half (51%) of his/her/their support and that I **will continue** to provide this support between July 1, 2015 and through June 30, 2016.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Dependent Students — Complete the section on the other side of this form**

## Dependent Students

### Section 3.

Parent completes this section if they have a dependent (other than their children or spouse) who lives with them and who they will provide more than half of their support, now and through June 30, 2016.

**To be completed by the dependent student's parent  
who will provide support for a dependent(s), other than his or her children or spouse.**

I certify that \_\_\_\_\_ **currently** lives with me and that I provide more than half (51%) of his/her/their support and that I **will continue** to provide this support between July 1, 2015 and through June 30, 2016.

Parent Signature \_\_\_\_\_


Date \_\_\_\_\_

Signature of dependent who is being supported by parent \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Please log in to your My Valley account to check your financial aid eligibility.

	<b>Kalamazoo Valley Community College</b>	<a href="http://www.kvcc.edu/finaid">www.kvcc.edu/finaid</a>
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