

AFFIDAVIT OF FINANCIAL INDEPENDENCE

An independent person must provide more than half of his/her support during the twelve months immediately prior to the date classes begin for the semester for which resident status is requested and cannot be claimed as dependent or exemption on the federal tax return of his or her parent/guardian or spouse for the year in which resident status is requested.

Name _____ Social Security No. _____

Date of Birth _____

SOURCES OF FUNDS

EXPENSES

_____, 20____ THROUGH _____, 20____

*Your Earned Income	\$ _____	Rent/Mortgage	\$ _____
Money from Father	_____	Utilities	_____
Money from Mother	_____	Medical/Dental	_____
Money from Guardian	_____	Tuition and Fees	_____
Money from Spouse	_____	Books/Supplies	_____
*VA Benefits	_____	Transportation	_____
*Social Security	_____	Auto Insurance	_____
*Scholarships	_____	Other Insurance	_____
*Grants	_____	Clothing	_____
*Loans	_____	Food	_____
(Type) _____	_____	Miscellaneous	_____
(Type) _____	_____	_____	_____
*Other (Explain)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	TOTAL	\$ _____

*Attach documentation to verify these amounts.

I certify the information on this form is to the best of my knowledge correct and complete. I understand additional documentation may be requested to confirm my financial independence.

Signature

Date

I/We _____ will provide a copy of my/our Federal and State Income Tax Returns for 20____ on or before April 15, 20____, to the Admissions and Records Office of Trident Technical College. I understand my account will be charged out-of-state/out-of-county tuition for _____, 20____, semester if this information is not provided.

Signature

Date