

Kalamazoo Valley Community College
Affidavit of Support — 2023-2024

Student _____ Valley ID # V00 _____

Phone _____ Date of Birth _____

Your verification documents have been received and reviewed by the Student Financial Services 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, 2023 and June 30, 2024.

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, 2024.

**To be completed by the Kalamazoo Valley 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, 2023 and through June 30, 2024.

Student Signature _____ Date _____

Relationship _____

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, 2024.

**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, 2023 and through June 30, 2024.

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.

	Kalamazoo Valley Community College
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