



**MISSISSIPPI STATE UNIVERSITY™**  
**STUDENT FINANCIAL AID**

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**2016-2017**  
**Legal Dependent Verification Worksheet**

Student's Name \_\_\_\_\_

(9 digit) MSU ID \_\_\_\_\_

You indicated on your 2016-2017 FAFSA that you provide over half of a dependent child's support. This has made you an independent student and we require verification of that status. Please complete this form and return to our office with any additional documentation requested. ***This includes children who will be born before the end of the award year.*** If you are expecting a child during this academic year, provide a statement from your care provider with the expected date of birth. Also provide a signed statement which declares your intended support and capability of providing more than half of the child's support.

**\*\* Verification of your FAFSA information must be completed before adjustments can be made. Check your eligibility requirements on your MSU MyState Portal to see which documents are required for verification. Also, please regularly check your MSU email to see if you need to submit additional documentation.**

Questions To Be Answered	Documentation Needed Based Upon Your Answer
1. Is your child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your rental/lease agreement
2. Are you paying for childcare for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide documentation specifying the name of the child receiving care (i.e.: Receipts or statement of account in your name).
3. Are you providing medical coverage for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of medical card.
4. Are you <u>receiving</u> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you receive in 2015? \$ _____ per year How much will you receive in 2016? \$ _____ per month
5. Do you <u>pay</u> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you pay in 2015? \$ _____ per year How much will you pay in 2016? \$ _____ per month
6. Are any of your child's relatives providing financial support for you and/or your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much support did you receive in 2015? \$ _____ per month Name of relative: _____ Relationship: _____
7. Are you or your child receiving any other types of assistance or benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide the type(s) of assistance and the monthly amounts: Type: _____ \$ _____ per month Type: _____ \$ _____ per month
8. Are you and/or your child living with your parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", do you pay rent to your parent(s)? If so, provide a signed statement from your parent(s) indicating the dollar amount.
9. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your most recent year-to-date paystub.
10. Were you or your child claimed as dependents on someone else's 2015 federal tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", who claimed you or your child? Name: _____ Relationship: _____ <b>**If they will not claim you on their 2016 federal tax return, have them submit a signed written statement indicating this.</b>

**Certification Statement**

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

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

Date \_\_\_\_\_