



**2017-2018**

**Legal Dependent Verification Worksheet**

**Student's Name**

**(9 digit) MSU ID**

You indicated on your 2017-2018 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 explains how you plan to provide 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 and your MSU email regularly to see if you need to submit additional documentation.**

Required Questions	Answers and Required Documentation
1. Is your child living with you	<input type="checkbox"/> <b>Yes:</b> Copy of your rental/lease agreement <input type="checkbox"/> <b>No</b>
2. Do/Will you pay childcare for your child?	<input type="checkbox"/> <b>Yes:</b> Documentation with name of child receiving care (i.e.: receipts or account statement in your name) <input type="checkbox"/> <b>No</b>
3. Do/Will you provide medical coverage for your child?	<input type="checkbox"/> <b>Yes:</b> Copy of medical card <input type="checkbox"/> <b>No</b>
4. Did/Will you <u>receive</u> child support for your child?	<input type="checkbox"/> <b>Yes:</b> How much did you receive in 2016? \$ _____ per year How much will you receive in 2017? \$ _____ per month <input type="checkbox"/> <b>No</b>
5. Did/Will you <u>pay</u> child support for your child?	<input type="checkbox"/> <b>Yes:</b> How much did you pay in 2016? \$ _____ per year How much will you pay in 2017? \$ _____ per month <input type="checkbox"/> <b>No</b>
6. Did/Will you and/or your child receive financial support from anyone?	<input type="checkbox"/> <b>Yes:</b> Name & relationship of person providing support _____, _____ How much support did you and your child receive in 2016? \$ _____ per year <input type="checkbox"/> <b>No</b>
7. Do/Will you or your child receive other types of benefits or assistance?	<input type="checkbox"/> <b>Yes:</b> List type of assistance and amount ( <i>TANF, WIC, SNAP, housing, etc.</i> ): Type: _____ \$ _____ per month Type: _____ \$ _____ per month <input type="checkbox"/> <b>No</b>
8. Are you and/or your child living with your parent?	<input type="checkbox"/> <b>Yes:</b> Amount of rent you pay per month: _____ ( <i>must provide signed statement from parent specifying the dollar amount</i> ) <input type="checkbox"/> <b>No</b>
9. Are you employed?	<input type="checkbox"/> <b>Yes:</b> Copy of your most recent 2017 pay stub ( <i>verify your work start date</i> ) <input type="checkbox"/> <b>No</b>
10. Did someone else claim you or your child as a dependent on their 2015 and/or 2016 federal tax return?	<input type="checkbox"/> <b>Yes:</b> Name & relationship of person who claimed you or your child in 2015 and/or 2016: Name: _____ Relationship: _____ ( <i>must provide a signed statement if <b>not</b> claiming you or your child on their 2017 federal tax return</i> ) <input type="checkbox"/> <b>No</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** \_\_\_\_\_