



2026-2027

Legal Dependent Support Verification Form

Student Name _____ MSU Net ID _____ 9 _____ MSU ID (9 digit) _____

You reported on your 2026-2027 FAFSA that you are independent by having a dependent who will receive more than half of their support from you during the 2026-2027 academic year. Federal Regulations do not allow unborn children to be included.

Documentation Required: This completed form, a copy of your Lease Agreement for the 2026-2027 Academic Year, a copy of your Daycare Provider Agreement (include Daycare name, name of your children that attend, amount paid per month, and name of who pays).

Name of your Legal Dependent:	Relationship to You:	Dependent Date of Birth:	Dependent Currently lives with You:	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. During the 2026-2027 school year:	You will Live: <input type="checkbox"/> In your own home/apt. <input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other – List relationship to you:	Your Dependent(s) will Live: <input type="checkbox"/> With You <input type="checkbox"/> With Parent(s) <input type="checkbox"/> Other – List relationship to you:		
2. Do you receive child support for dependents listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount: \$		
3. Do you pay child support for dependents listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list monthly amount: \$		
4. Check Assistance you will receive for the dependents listed above during the 2026-2027 Academic Year:	<input type="checkbox"/> Medical <input type="checkbox"/> SNAP	<input type="checkbox"/> TANF <input type="checkbox"/> WIC	<input type="checkbox"/> None <input type="checkbox"/> Other (explain):	
5. Indicate Support for Child Care, Housing/Rent, and Food:	Monthly Amount Paid:	Name of Who Pays:	Facility Name:	
Child Care:	\$			
Housing/Rent:	\$			
Food:	\$			
6. Are you Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List monthly gross income: \$ Explain how you financially support dependent(s) 51%:		
7. Will you be Employed in 2627 year?	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Company Name: Monthly Amount:		

Certification Statement

Person signing below certifies that all information reported is complete and accurate. Student must sign and date below. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature: _____ Date: _____
Pen to paper, handwritten signature ONLY. No electronic signature