

Missouri State[™]

U N I V E R S I T Y

Office of Student Financial Aid

PROOF OF DEPENDENT SUPPORT 2009-10

Please print this form and return it with the requested information or documentation.

Name (Last) (First) (MI) SSN

Address (Street) (City) (State) (ZIP) Phone

Your status for financial aid as an Independent student is based solely on your answer to Question #53 on the Free Application for Federal Student Aid (FAFSA). You have indicated that you have children who receive more than half of their support from you. We require that you submit legal documentation verifying your support. Please complete and sign this form and return it to our office with any additional documentation requested. **We will not process an incomplete form.**

SECTION A

- Send us a copy of your tax return reflecting your child as a dependent.
- If you are not the custodial parent, provide a written and notarized statement from the custodial parent regarding your contribution of more than 50% support. (Notarized statement must contain official public notary seal.)
- If you are expecting a child during this academic year, we require a statement from your doctor providing the expected date of birth. You must also provide a signed statement of intended support which declares your intent and explains your capability of providing more than 50% of the child's support.

SECTION B

1. Is your child living with you? _____ Yes _____ No
2. Are you paying for childcare for your child? _____ Yes _____ No
If yes, how much do you pay a month? \$_____
3. Are you providing medical coverage for your child? _____ Yes _____ No
If yes, submit a copy of the medical card.
If no, who is providing medical coverage for your child?

4. Are you receiving child support for your child? _____ Yes _____ No
5. Do you pay child support for your child? _____ Yes _____ No
If yes, how much do you pay each month? \$_____

6. Are any of your or your child's relatives providing financial support for yourself and/or your child? Yes No

If yes, what is the monthly support received \$ _____

7. Are you or your child receiving any other types of assistance or benefits? Yes No

If yes, provide the types of assistance and monthly amount:

Types of Assistance	Monthly Amount
_____	_____
_____	_____

8. Are you and/or your child living with your parents? Yes No

9. Are you employed? Yes No

10. Were you or your child claimed as dependents on someone else's 2008 federal tax return? Yes No

If yes, whose tax return? _____

11. Will you claim yourself and your child on your 2009 Federal tax return? Yes No

If no, please explain why?

SECTION C

Please provide any other examples of how you provide basic necessities (food, clothing, personal items, etc.) for your child.

SECTION D

I certify that all information provided on this form is true, accurate, and complete.

Student's Signature: _____ Date: _____