

2021-2022 Proof of Dependents

Student's Name (Last) _____ (First) _____ M _____ BearPass # _____ Student's Date of Birth _____

You indicated on your 2021-2022 FAFSA that you are supporting someone ("your dependent") through the 2021-2022 school year. Please complete this form for each dependent and return it to our office along with any documentation requested.

A. Living Arrangements

1. Is your dependent primarily living with you through June 30th, 2022?
 No Yes - **Attach a copy of your current lease.** If no lease, attach explanation of living arrangements.
2. Are you living with your parents?
 No Yes
3. Are you living with the dependent's other parent?
 No Yes
4. Is the dependent's other parent an MSU Student?
 No Yes - If yes: Other parent's Name: _____ M#: _____

B. Expenses

5. Are you paying for childcare for your dependent?
 No Yes - **Attach a letter from the provider confirming the child's name and amount paid per month**
6. Will you *pay* child support for your dependent?
 No Yes - **Amount you will pay from 7/1/21 thru 6/30/22** _____
7. Who is providing medical coverage for your dependent? Name of Insurance Program? _____
Name on policy _____ Relationship to your dependent _____

C. Your Income

8. Are you employed?
 No Yes - **Attach your most recent paystub**
9. Will you *receive* child support for your dependent?
 No Yes - **Amount you will receive from 7/1/21 thru 6/30/22** _____

D. Relationship to Dependent

10. Dependent's Name _____ Age _____
11. Relationship to you (check one):
 Biological Child (Complete Section E. Skip Section F) - **Attach a copy of dependent's birth certificate**
 Other (Specify): _____ (Skip Section E. Complete Section F)
12. Are you expecting a child during the academic year?
 No Yes - **Attach a letter from your physician confirming expected due date.**

E. Income - If Your Dependent is Your Biological Child

13. Are you or your dependent receiving support **from your parents** for your dependent's care? (Support includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance).
 No
 Yes - **Types** _____
Total estimated value per month _____

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14. Are you or your dependent receiving support from anyone else **other than your parents** (assistance such as Medicaid, WIC, etc.), for your dependent's care? (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing, utilities, & insurance).

No

Yes – **Provider(s) relationship to dependent**

Types

Total estimated value per month

F. Income – If Your Dependent is NOT Your Biological Child

15. Are you receiving support from someone else/assistance programs for your dependent's care? (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance).

No

Yes – **Provider(s) relationship to dependent**

Types

Total estimated value per month

16. Is your dependent receiving support from someone else/assistance programs for their care? (Includes cash, bills paid for you, supplies like food and diapers, and indirect support such as housing & insurance).

No

Yes - **Provider(s) relationship to dependent**

Types

Total estimated value per month

17. Is your dependent receiving other benefits (WIC, Medicaid, Disability, Social Security, etc.), paid to them directly?

No

Yes – **Types**

Total estimated value per month

G. General Summary

Briefly describe your capability to provide more than half of your dependent's financial support from July 1st, 2021 thru June 30th, 2022. Also include other sources of income or ways you are financially accountable not mentioned anywhere on this form.

H. Certification Statement and Signature

By signing below, I acknowledge that I have read and understand the information on this form, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request for financial assistance will be granted.

Student's Physical Ink-Signature (No Digital Signatures)

Date