


Phone: (417) 836-5262
Fax: (417) 836-8392
FinancialAid@MissouriState.edu
 [@MSU_FinAid](https://twitter.com/MSU_FinAid)



OFFICE of
STUDENT
FINANCIAL AID

Office of Student Financial Aid
901 S. National Ave.
Springfield, MO 65897
www.MissouriState.edu/FinancialAid

2023-2024 Proof of Dependents

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

Your financial aid status as an Independent student is based solely on your answer to Question #47 on the FAFSA. You have indicated that you now have or will have children who will 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 along with all documentation requested.

We are unable to process an incomplete form without the required documentation.

If you live with your parents, you are not considered Independent and must list parental information on your FAFSA.

A. Living Arrangements	Documentation Required
1. Does your dependent(s) primarily live with you through June 30, 2024? <input type="checkbox"/> No <input type="checkbox"/> Yes	If NO , with whom does your dependent live?
2. Is the dependent(s) your biological or adopted child? <input type="checkbox"/> No <input type="checkbox"/> Yes Dependent's Name _____ Age _____	If YES , provide a copy of the dependent(s) birth certificate or adoption decree.
3. Are you the custodial parent of the dependent(s) listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes	If NO , submit a notarized statement from the custodial parent confirming your contribution of more than half of the <u>dependent's support</u> .
4. Is the dependent listed above an unborn child that is due between July 1, 2023 and June 30, 2024? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , submit a statement from your doctor that includes your anticipated delivery date.
5. What is your current living situation? <input type="checkbox"/> Own home <input type="checkbox"/> With your parent(s) <input type="checkbox"/> Rent/Public Housing <input type="checkbox"/> Other: _____	Submit a copy of your rental/lease agreement or other documents confirming housing in <u>your name</u> . If other, please specify name and relationship to you.
6. Is the dependent's other parent an MSU student? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, list name and M# _____ M _____

B. Expenses	Documentation Required
-------------	------------------------

7. Do you pay daycare costs for your dependent(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Complete attached childcare worksheet Amount paid \$ _____ / month.
8. Do you PAY child support for your dependent? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , how much did you pay in 2022? \$ _____ per _____ How much do you expect to pay in 2023? \$ _____ per _____ (Example: \$100 per week; or \$400 per month; or \$2,400 per year)
9. Do you provide medical coverage (including Medicaid) for the listed dependent(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , submit a copy of the medical card.

C. Your Income	Documentation Required
----------------	------------------------

10. Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , submit a copy of your two (2) most recent pay stubs showing year-to-date earnings.
11. Do you RECEIVE child support for your dependent? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , how much did you receive in 2022? \$ _____ per _____ How much do you expect to receive in 2023? \$ _____ per _____ (Example: \$100 per week; or \$400 per month; or \$2,400 per year)
12. Do any of your (or your dependent's) relatives provide financial support? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES , name of relative(s): _____ Relationship to you/your dependent: _____	If YES , how much did you receive in 2022? \$ _____ per _____ How much do you expect to receive in 2023? \$ _____ per _____ (Example: \$100 per week; or \$400 per month; or \$2,400 per year)
13. Do you or your dependent(s) receive any other type of assistance or income such as SNAP, TANF, WIC, SSI, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , indicate type and amount: Type: _____ Amount \$ _____ Type: _____ Amount \$ _____ Type: _____ Amount \$ _____ Type: _____ Amount \$ _____

D. Relationship to Dependent	Documentation Required
------------------------------	------------------------

14. Were you OR your dependent(s) claimed as dependents on someone else's 2021 Federal Tax Return? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES , who claimed you or your dependent(s)? Name: _____ Relationship to you: _____ If they will not claim you on their 2021 Federal Tax Return, have them submit a signed written statement confirming this.
--	---

<p>15. Did you claim the above-named dependent(s) on your 2021 Federal Tax Return?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>If YES, provide a copy of your 2021 1040 Federal Tax Return or 2021 IRS Tax Return Transcript, available at www.irs.gov (See How to Obtain a Tax Return Transcript)</p> <p>If NO, who will claim your dependent(s)? Name: _____</p> <p>Relationship to you: _____</p>
---	--

Please complete the income and expenses chart below by listing who is responsible for each expense and who contributes income to your household. If the answer is zero dollars, write it in the space provided as "0." Do not leave any blank lines.

Expenses			Income	
Student	2023 Monthly Expense		Student	2023 Monthly Income
\$	Housing		\$	Gross wages
\$	Utilities		\$	Child support
\$	Car payment/insurance		\$	SNAP
\$	Gas, transportation		\$	TANF
\$	Groceries		\$	WIC
\$	Phone/Internet		\$	SSI
\$	Personal (clothes, diapers, haircare, soap, etc.)		\$	Disability
\$	Medical/health insurance		\$	Support from others
\$	Daycare		\$	Other income:
\$	Other payments:		\$	
\$	TOTAL		\$	TOTAL

Check here if you are living with someone who is paying for your living expenses (i.e. housing, food, utilities, etc.). Complete the information below to show where and with whom you are living during 2023.

Name	Relationship	Dates lived with
------	--------------	------------------

➤ If 2023 monthly expenses exceeded 2023 monthly income, please explain how monthly expenses were paid. Attach a signed, typed statement.

E. General Summary

Briefly describe your capability to provide more than half of your dependent's financial support from July 1, 2023 through June 30, 2024. Also include other sources of income or ways you are financially accountable not mentioned anywhere on this form. Attach a signed, typed statement.

F. 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 as an Independent student will be granted.

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

Date

Deadline for submitting: please complete and submit ALL required documentation to the fax/email/address above by:
Fall Semester: December 1, 2023 • **Spring Semester: April 1, 2024**