



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

OFFICE OF FINANCIAL AID

2020-2021 Documentation of Dependent(s) Form

Name Student ID

Address City State Zip Code

List the names and ages of your dependents and their relationship to you. You must attach copies of legal documentation of their relationship to you (i.e. birth certificates, legal guardianship/court documents, etc.) and how you provide support for dependent child (children). NOTE: Dependents are defined as those people who you will support between July 1, 2020 and June 30, 2021. Include all dependents that live with you and will receive more than one-half of their support from you.

Table with 3 columns: NAME, AGE, RELATIONSHIP TO STUDENT

- 1. Where will the dependent(s) listed above reside between July 1, 2020 and June 30, 2021?
2. Where will you (the student) reside between July 1, 2020 and June 30, 2021?
3. What primary care provisions have you made for your dependent (s) while you are attending class?
4. Were you (the student) claimed as a dependent by your parent(s) for federal tax year 2018?
5. Were you (the student) claimed as a dependent by someone else for federal tax year 2018?
6. Please provide an itemized list of your monthly expenses and how these expenses incurred by you for the support of your dependent (s).
7. Please provide a detailed list of all sources of financial support you receive for living expenses and for the care of your dependent (s).

Certification

I certify that all of the information provided by me on this form or that is attached and submitted to the Office of Financial Aid is true and correct to the best of my knowledge. If asked, I agree to provide any supporting documentation needed to verify the information recorded on this form.

Student Signature Date