THE UNIVERSITY OF SOUTHERN MISSISSIPPI®

OFFICE OF FINANCIAL AID

2022-2023 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, 2022 and June 30, 2023. Include all dependents that live with you and will receive more than one-half of their support from you.

NAME	AGE	RELATIONSHIP TO STUDENT

1. Where will the dependent(s) listed above reside between July 1, 2022 and June 30, 2023?
    (   ) With the student   (   ) With the student's parents or other family member
    (   ) With another primary caretaker_____
                                         (please explain)

2. Where will you (the student) reside between July 1, 2022 and June 30, 2023?
    (   )Resident Hall   (   )With parents or other family member
    (   )Private Residence *(must provide copy of lease agreement or bill of purchase)*
    (   )Other_____
               (please explain)

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 2020? (   ) Yes   (   ) No

5. Were you (the student) claimed as a dependent by someone else for federal tax year 2020? (   ) Yes   (   ) No

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). Attach supporting documentation such as copies of employee check stubs, AFDC payment receipts, proof of child support payments made to you, if applicable, etc.

<u>Certification</u>

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. I understand that if I am not able to provide the requested documentation, my dependency status may change to dependent and I will be required to provide my parent(s) income and asset information. In addition, I understand that if I receive federal assistance based on erroneous or false information I provided to the Financial Aid Office, I will be responsible for repaying all invalid funds to the respective federal programs and any fees or fines incurred as a result of providing erroneous or false information.

_____   _____
Student Signature   Date