PARENT OF DEPENDENT STUDENTS
PROOF OF OTHER LEGAL DEPENDENT’S FORM

Please complete in pen and return to:
Office of Student Financial Assistance • 1701 S. Broadway • Pittsburg, KS 66762-7534
Phone: (620) 235-4240 • (800) 854-7488
Fax: (620) 235-4078

NAME_________________________________   PSU STUDENT ID NO._____________________

This form is used to gather information from parents of dependent students who claim to have legal dependents other than a spouse or children under the age of 24 (such as a niece, nephew, grandparent, child 24 years of age or older, etc). Legal dependents are those people that your parents will support at least 51% between July 1, 2016, and June 30, 2017. Include legal dependents if they get AT LEAST 51% of their support from your parents.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs and similar expenses.

Please list the name(s) and age(s) of YOUR PARENT(S) dependent(s), and their relationship to you (the student). Please add extra sheet of paper if there are more dependents to list than lines available below.

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<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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Does your parent consider themself common-law married to their dependent?

Yes ___ If yes, stop here. You must contact our office so your parent can complete the Affidavit of Common Law Marriage.

No ___ If no, answer the following questions.

Does the dependent(s) live with your parent(s)?

Yes ___

No ___

Will the dependent(s) live with your parent(s) between July 1, 2016 and June 30, 2017?

Yes ___

No ___

Was the dependent(s) claimed by anyone other than your parent(s) on the 2015 tax return?

Yes ___ Whom and relationship______________________________________________  
Please give a brief explanation why the dependent(s) was claimed by someone other than your parent(s).

______________________________________________________________________________

No ___
Will/Does the dependent(s) attend college between July 1, 2016 and June 30, 2017? Please name the individual/or individuals you list.

Yes ___ If yes, what is the name of the college they are attending? _____________________________________________
Will/Did they receive financial assistance? Yes ___ No ___
Will/Did they receive a refund? Yes ___ No ___ If yes, how much refund was received? $________
No ___

Does the dependent(s) work? Please name the individual/or individuals you list.

Yes ___ If yes, what is their average monthly earnings? $________
No ___

Please list other sources of support for your parent(s) and/or their dependent(s). This would include: HUD, Food stamps, WIC, Child Support, Kansas Medical Card, Unemployment, Social Security, Veterans benefits, money paid on your parent(s) and/or their dependent(s) behalf (i.e. from a family member), etc.

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<tr>
<th>Source of Support</th>
<th>Amount per Month</th>
<th>Who Receives the Benefit</th>
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Please list your parent(s) and their dependent(s) estimated MONTHLY expenses

Food
Mortgage/Rent
Car payment
Auto/Health/Dental Insurance
Utilities
Gasoline
Cell Phone

Certification and Signature
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____________________________  _________________
Student Signature                Date

_____________________________  _________________
Parent Signature                  Date

Office use only

FAA Initials __________
Approved __________
Denied __________ Date Notified Student ____________