

LEGAL DEPENDENT VERIFICATION

STUDENT NAME _____

STUDENT I.D. NO. _____

CELL PHONE # _____

**Please complete in pen and
return to:**

Pittsburg State University
Office of Student Financial Assistance
1701 S. Broadway, Pittsburg, KS 66762
(620) 235-4240 or (800) 854-7488
FAX: (620) 235-4078
Email: finaid@pittstate.edu

On the FAFSA, you answered that you have children for which you provide more than half of the support. In order to verify this information you must complete all information requested below, sign and submit this form to the Office of Student Financial Assistance (OSFA). Note: You may be asked to provide additional documentation

According to the Department of Education, the definition of a “legal dependent” is as follows:

- “A biological or adopted child for whom the student provides more than half of their support (51%), or a child for whom the student is their legal guardian, and for whom the student provides more than half of their support (51%).”

Step 1:

- I **do not** have a child for whom I provide more than half of the support. Proceed to Step 3.
- I **do** have a child for whom I provide more than half of the support. Proceed to Step 2.

Step 2:

List below the child(ren) for which you will provide more than half of the support from July 1, 2021 through June 30, 2022, then complete the table regarding sources of support. Support can be in the form of housing, food, medical/dental care, childcare, your income, or from state/federal programs, such as WIC or food stamps.

<u>Name of Child(ren)</u>	<u>Age</u>	<u>Relationship to You</u>

If you have more than 3 children, please list the additional children on a separate sheet of paper.

Source of Support	Do you receive this source of support?		If “Yes,” estimated amount per month	For how many months per year? (1-12)
	Yes	No		
TANF Payments (Not including SNAP or HUD)			\$	
Housing Assistance (HUD or Tribal, Other)			\$	
SNAP or Tribal Food Assistance			\$	
Utility Assistance (Electric, Water, Gas, Etc.)			\$	
Social Security Benefits not taxed (SSI)			\$	
Child Support Received			\$	
Income Earned from Work			\$	
Money paid on Your Behalf			\$	
Medicaid, Medical Card, Someone else’s Health Insurance			\$	
Financial Aid Refund			\$	
Other (Please Specify)			\$	

Step 3:

Certification and Signatures
Each person signing below certifies that all of the information reported is complete and correct.

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

Student Signature

Date