

PROOF OF OTHER LEGAL DEPENDENT'S FORM

**20-21
OLD
ELIG**

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
Email: finaid@pittstate.edu

Name _____ PSU ID _____

Cell Phone # _____

This form is used to gather information from unmarried students who claim to have legal dependents other than a spouse or children. Legal dependents are those people that you will support at least 51% between July 1, 2020, and June 30, 2021. Include your legal dependents if they get AT LEAST 51% of their support from you (the student).

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 dependent(s), and their relationship to you.

| Name | Age | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you consider yourself common-law married to your dependent?

Yes ___ If yes, stop here. You must contact our office to complete the **Affidavit of Common Law Marriage**.
No ___ If no, answer the following questions.

You (the student) currently live:

- ___ With Parents
- ___ Off Campus
- ___ On Campus

Does your dependent(s) live with you?

Yes ___
No ___

Will your dependent(s) live with you between July 1, 2020 and June 30, 2021?

Yes ___
No ___

Was your dependent(s) claimed by anyone other than you (the student) on the 2018 tax return?

Yes ___ Whom and relationship _____
Please give a brief explanation why your dependent(s) was claimed by someone other than you.

No ___

Name _____

PSU ID _____

Will/Does your dependent(s) attend college between July 1, 2020 and June 30, 2021?

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 your dependent(s) work?

Yes ___ If yes, what is their average monthly earnings? \$ _____

No ___

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

| Source of Support | Amount per Month | Who Receives the Benefit |
|-------------------|------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list your and your dependent(s) estimated MONTHLY expenses

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

Certifications 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

Office use only

FAA Initials _____

Approved _____

Denied _____ (include Parent Info) Date Notified Student _____