

# PROOF OF OTHER LEGAL DEPENDENT'S FORM

21-22  
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](mailto: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, 2021, and June 30, 2022. 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, 2021 and June 30, 2022?*

Yes \_\_\_  
No \_\_\_

*Was your dependent(s) claimed by anyone other than you (the student) on the 2019 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, 2021 and June 30, 2022?***

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 \_\_\_\_\_