

**PARENT OF DEPENDENT STUDENTS
PROOF OF OTHER LEGAL DEPENDENT'S FORM**

**20-21
POLD
VERIF**

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 STUDENT ID NO.** _____

STUDENT CELL PHONE # _____ **PARENT CELL PHONE #** _____

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, 2020, and June 30, 2021. 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.

**** You must answer each question in order for us to process this form.**

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.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your parent considered 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, 2020 and June 30, 2021?

Yes ___

No ___

Was the dependent(s) claimed by anyone other than your parent(s) on the 2018 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 ___

Name _____

PSU ID _____

Will/Does the dependent(s) attend college between July 1, 2020 and June 30, 2021? 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? \$ _____
 If yes, name of dependent(s) who have income earned from work: _____
 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.

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

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 _____