

INDEPENDENT STUDENT PROOF OF OTHER LEGAL DEPENDENTS FORM

20-21
SOLD
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@pittstste.edu

Name _____ PSU ID _____
Cell Phone # _____

This form is used to gather information from students who claim to have legal dependents **other than** a spouse or children under the age of 24. 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.

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

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 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 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 _____

Certification and Signature
Each person signing below certifies that all of the information 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 _____

Date Notified Student _____