### 2015-2016 Proof of Dependent Support and Resource/Expense Form

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Aggie ID:</th>
<th>NMSU Email:</th>
<th>Phone Number:</th>
<th>Current Semester:</th>
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On your FAFSA or Federal Verification Worksheet, you indicated that you are supporting children or legal dependent(s) who receive (or will receive) more than 50% of their support from you during the 2015-2016 aid year. You must clearly demonstrate how you support yourself and provide your legal dependent(s) support.

NOTE: If you are unable to meet the minimum support requirements set forth by NMSU and Federal regulations and you are under the age of 24, you will be required to add your parent's information to your existing FAFSA.

To demonstrate how you are supporting yourself and more than 50% of your child's expenses, you must provide a copy of your 2014 Federal Income Tax Return Transcript showing you claimed the dependent(s), and at least four of the following documents:

1. Proof of wages (most recent paycheck stub).
2. A lease or housing agreement in your name.
3. Two copies of utility bills in your name (electric, water, gas, sewage, solid waste, or landline telephone).
   **Note:** wireless cellular phone, cable, and internet bills are not acceptable as utility bills.
4. Proof of child support received.
5. Proof of receipt of SNAP, TANF, WIC, and/or other federally subsidized programs in your name.
6. Proof of medical insurance in your name.

#### 1. Please list the names and ages of your dependent(s), and their relationship to you.

<table>
<thead>
<tr>
<th>Legal Dependent(s) Name</th>
<th>DOB</th>
<th>Relationship</th>
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Explaination (if needed):

#### 2. Where do the above named dependent(s) live?

- [ ] With the student
- [ ] With the student's parent(s)
- [ ] Other (please explain below)

#### 3. Did your parents provide financial support or in-kind support to you or your legal dependent(s)?

(In-kind support is defined as non-cash support in the form of goods or services - E.g.: food, housing, child care, etc.).

- [ ] Yes
- [ ] No

If yes, please list estimated dollar amount per month: $_______________.

Please specify support received: ______________________________________.

#### 4. Do you receive other types of income or support not reported on this form?

- [ ] Yes
- [ ] No

If yes, please list estimated dollar amount per month: $_______________.

Please specify support received: ______________________________________.
5. Were you and/or your legal dependent claimed by your parent(s) on their 2014 Federal Tax Return?

☐ Yes ☐ No

If yes, you must provide a copy of your parent(s) 2014 Federal Income Tax Return Transcript.

6. Was your dependent claimed by anyone other than you (the student) or your parents on the 2014 Federal tax return?

☐ Yes ☐ No

If yes, please list the name of that person and their relationship to you.

Name: ___________________________ Relationship: ___________________________

7. What arrangements have you made for supervision? Where will your dependent(s) be while you are at school or work? Who will pay for these costs?

Explaination (if needed):

8. Please answer the following questions:

Do you earn wages?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive child support?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive Temporary Assistance for Needy Families (TANF) benefits?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive Women, Infants and Children (WIC) benefits?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive any other federally subsidized assistance?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

Do you receive in-kind support from anyone other than your parents?

☐ Yes (If yes, please list the amount you receive each month. $ __________) ☐ No

(If yes, please specify support received: ____________________________)

9. I certify the information provided here is true and correct to best of my knowledge and belief. If asked by my Financial Aid Advisor/Mississippi State University, I agree to provide additional documentation, for the purpose of verifying the information I have provided on this form. Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

☐ By checking this box, I agree to the certification statement above.

Student Signature: ___________________________ Date: ___________________________

FOR NMSU FINANCIAL AID OFFICE USE ONLY

Review Decision:

☐ Approve ☐ Denied ☐ Committee Review

Justification Comments:

NMSU Advisor Signature: ___________________________ Date: ___________________________