



Student Financial Assistance Office
 G1 Parker Hall 300 W. 13th Street
 Rolla, MO 65409
 Phone: 573/341-4282 or 800/522-0938
 Fax: 573/341-4274 Email: sfa@mst.edu

Proof of Child/Dependent 2019-2020

We have reviewed your Free Application for Federal Student Aid (FAFSA) and we need additional information. You indicated on your 2019-2020 FAFSA you are under the age of 24 **and** that you have a child/dependent who will receive more than half of their support from you between July 1, 2019, and June 30, 2020, **and** your total family annual income is less than \$16,460, which is the federal poverty income threshold. Your income does not appear to be sufficient enough to support you and your child/children for the 2019-2020 academic year or a calendar year. (Note: Having a child, paying child support, or having someone live with you does not necessarily mean that you provide **more than** half of their support as required by the FAFSA.)

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for your child, please correct your FAFSA at www.fafsa.gov. You will need to answer "No" to the following questions, and you will be required to provide parent financial information on the FAFSA:

- *Do you now have or will you have children who will receive more than half of their support from you between July 1, 2019, and June 30, 2020?*
- *Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2020?*

INSTRUCTIONS

1. Complete all sections of this worksheet **in full**. **Incomplete forms will be returned.**
2. Return all requested documentation to our office via one of the methods above. A determination of your dependency status will be made upon review of this form. This decision is final and is not appealable. Federal regulations require that we collect this documentation before we can disburse aid.

A. Student Information

Last Name	First Name	M.I.
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Daytime Phone number (include area code)	Missouri S&T Student ID#
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Name of Student's Child/Dependent	Age	Relationship to Student
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B. Details of Support

1. Where are you currently living? own apartment/home with parent(s)
Other _____

2. Where is your child currently living? with you (the student) with the student's parent(s)
Other _____

3. Will your child live with you while you attend Missouri S&T? Yes No
If no, where and with whom will your child live?

4. Do you pay childcare costs for your child? Yes No
If yes, how much do you pay each month? \$_____ /month
If yes, whom do you pay (attach proof of payment) _____

5. Do you provide medical coverage for your child? Yes No
If yes, provide a copy of the medical card and copy of monthly payment invoice
If no, who provides medical coverage?

6. Do you receive child support for your child? ___ Yes \$_____/month ___ No
If yes, submit supporting documentation.

7. Do you pay child support for your child? ___ Yes \$_____/month ___ No
If yes, submit supporting documentation.

8. Do any of your (or your dependent's) relatives provide you financial support? Yes No
If yes, who provides the support and how much per month?

9. Do you or your child (or other dependents) receive any other type of assistance or benefits? (ex. Social security, retirement, welfare, etc.)

Yes \$ _____/month No

If yes, who receives the assistance? _____

Type of Assistance: _____

10. Did someone else claim you as a dependent on their 2017 Federal tax return? Yes No

If yes, who claimed you and what is your relationship to said individual(s)?

11. Did someone else claim your child on a 2017 Federal tax return? Yes No

If yes, who claimed your child and what is your child's relationship to said individual(s)?

12. Will/Did you claim yourself on your 2018 Federal tax return? Yes No

If not, explain why.

13. Will/Did you claim your child (or other dependent) on your 2018 Federal tax return?

Yes No

If no, explain why?

14. Are you currently employed? Yes No

If yes, submit a copy of your most recent pay stub and 2017 federal tax return transcript.

If no, provide the following household monthly living expenses which are billed in your name. Attach a statement indicating how you provide for each of these expenses.

Housing (mortgage, rent, other)	\$ _____
Utilities (electricity, gas, water)	\$ _____
Food	\$ _____
Phone/Cable	\$ _____
Transportation (Insurance, gas, car pymt)	\$ _____
Monthly Total	\$ _____

If the legal dependent is your child, you must submit a copy of the child’s official birth certificate from the Bureau of Vital Statistics for the state in which the child was born along with any legal documents which provide information on the child’s financial and living circumstances.

C. Certification

I hereby certify that all information contained in this document, including supporting documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, I may be fined, imprisoned or both.

Student Signature

Date

Please submit this documentation and all other documents requested to our office as soon as possible so that we may continue the processing of your financial aid. Federal regulations require that we collect this documentation before we can disburse aid. If you have any questions, please contact the Student Financial Assistance Office at (573) 341-4282