

Student Financial Assistance

G-1 Parker Hall, 300 W. 13th Street Rolla, MO 65409 P: 573/341-4282 F: 573/341-4274

2023-2024 Financial Aid Year Proof of Child/Dependent

We have received your Free Application for Federal Student Aid (FAFSA) and we need additional information. You indicated on your 2023-2024 FAFSA you are under the age of 24 <u>and</u> that you have a child/dependent who will receive more than half of their support from you between July 1, 2023, and June 30, 2024, <u>and</u> your total family annual income is less than \$**17,420** which is the federal poverty income threshold. Your income, as reported, does not appear to be sufficient to support you and your child/children for the 2023-2024 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 <u>fafsa.gov</u>. 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, 2023, and June 30, 2024?
- 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, 2024?

INSTRUCTIONS

- 1. Complete all sections of this worksheet in full. Incomplete forms will be returned.
- Return all requested documentation to our office via an approved method. Submit via secure document upload in <u>Joe'SS</u> (QR code provided) Fax: (573) 341-4274 Mail/drop off to: Missouri S&T Student Financial Assistance G-1 Parker Hall, 300 West 13th Street

Rolla, MO 65409



A determination of your dependency status will be made upon review of this form. This decision is final and cannot be appealed. Federal regulations require that we collect this documentation before we can disburse aid.

Student Information

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

Details of Support

1.	Where are you currently living? I own apartment/home with parent(s) Other
2.	Where is your child/dependent currently living?I with you (the student)I with the student's parent(s)
	Other
3.	Will your child/dependent live with you while you attend Missouri S&T?
4.	Do you pay childcare costs for your child/dependent? 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/dependent? 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 \$ /monthNoIf 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.)

10. Did someone else claim you as a dependent on their 2021 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 2021 Federal tax return? If yes, who claimed your child and what is your child's relations to said indiv	Yes No idual(s)?
12. Will/Did you claim yourself on your 2022 Federal tax return? If no, explain why:	Yes No
13. Will/Did you claim your child (or other dependent) on your 2022 Federal tax Yes If no, explain why:	return?

14. Are you currently employed?

If yes, submit a copy of your most recent pay stub and 2021 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.

Yes No

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

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.

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 at (573) 341-4282