

DELTA STATE UNIVERSITY

Office of Financial Aid, Kent Wyatt Hall 144, Cleveland, MS 38733
P: (662)846-4670 F: (662)846-4683 E: finaid@deltastate.edu

2024-2025 Legal Dependent Form

Student's Name

Student ID#

You indicated on your 2024-2025 FAFSA or verification worksheet that you are supporting dependent(s) who will receive more than 50% of their support from you between July 1, 2024 and June 30, 2025. You must clearly demonstrate how you will support yourself and provide more than 50% support for your dependent(s). Support includes but is not limited to: money spent on housing, food, clothes, medical care, and other similar expenses. If you are unable to submit supporting documentation for each section, please contact the Office of Financial Aid for further guidance.

NOTE: If you are unable to meet the support criteria and you are under the age of 24, you must correct your FAFSA at www.studentaid.gov to include your parents' information.

PLEASE ANSWER ALL QUESTIONS CAREFULLY. DO NOT LEAVE ANY BLANKS.

1. Please list the name and ages of your dependents and their relationship to you. Please provide legal documentation (i.e. Birth Certificate, Legal Guardianship, etc.).

Name of dependent	Age	Relationship

2. Where are you currently living?

- Residence Hall
- On-campus family housing
- Own Home. Provide a copy of a lease or housing agreement in your name.
- With parent(s)
- Other (please list name of person and relationship to you):

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

- With you the student
- With the student's parent(s)
- Other (please list name of person and relationship to you):

4. Are you receiving any of the following types of assistance or benefits? (check all that apply)

Please provide proof of benefits received.

- Social Security
- AFDC/TANF
- SNAP (i.e. food stamps)
- WIC
- Medicaid
- Housing/Utility Subsidies
- Unemployment Benefits
- Other: _____

5. Are you paying for childcare costs for your child/dependent?

- Yes. Please attach proof of payment.
- No. If no, are you receiving free childcare from a friend or relative? [] Yes [] No

6. Are you receiving child support? If yes, please provide proof of child support received.

- Yes. Total received 2022 \$ _____
How much will you receive per month July 1, 2024 to June 30, 2025? \$ _____
- No

Student Name _____

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7. Does anyone provide financial support for you and your child/dependent, other than yourself?
- Yes. Total received 2022 \$ _____
How much will you receive per month July 1, 2024 to June 30, 2025? \$ _____
Name of person(s) providing support and relationship to you:

No

8. Were you (the student) claimed as a dependent by your parent(s) for federal tax year 2022?
- Yes
 - No

9. Are you currently employed?
- Yes. Please submit a copy of your most recent pay stub for the past two pay periods.
 - No

10. Provide the following monthly household living expenses which are billed in your name:

EXPENSE	AVERAGE MONTHLY AMOUNT
HOUSING (MORTGAGE, RENT, OTHER)	\$ _____
UTILITIES (ELECTRICITY, GAS, WATER)	\$ _____
FOOD	\$ _____
PHONE, INTERNET, CABLE	\$ _____
TRANSPORTATION (INSURANCE, GAS, CAR PAYMENT)	\$ _____
MONTHLY TOTAL	\$ _____

SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Student's Signature

Date

SFA USE ONLY

- Approved
- Denied

Comments: _____

Equal Access Statement

Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination or harassment. Our goal is for all to have equal access to the many great services and opportunities we offer. For more information, or to report an incident, see <https://www.deltastate.edu/titleix/> or email titleix@deltastate.edu.