

Office of Financial Aid, Kent Wyatt Hall 144, Cleveland, MS 38733

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2024-2025 Proof of Dependent Form – Parent/Independent

Student's Name

Student ID#

You have indicated that you or your parent(s) support an immediate family member (i.e. grandparent, aunt, uncle, niece, nephew, etc.). To include any individual on your FAFSA, we must have documentation of the dependent's income. The income will not be used on the FAFSA to determine the student's financial aid eligibility. Complete this form to identify if you are eligible to include a dependent in your or your parent(s) household size.

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

| Depen | dent's | Name |
|-------|--------|------|
| | | |

Relationship to the Student

1. Reason that this person lives with you or your parent(s) and why you or your parent(s) are supporting them?

2. Does this person have any income? _____Yes _____No

| Type of Income | Amount per Month |
|-----------------|------------------|
| Wages | \$ |
| Social Security | \$ |
| Retirement | \$ |
| SNAP Benefits | \$ |
| TANF Benefits | \$ |
| Disability | \$ |
| Other | \$ |

*Please attach documentation of 2022 Income from all sources.

- 3. Did this person file a 2022 Federal Income Tax Return? _____ Yes _____ No (If Yes, attach a copy of their 2022 IRS Tax Return)
- 4. Amount of support you or your parent(s) provides specifically for this person (i.e. Rent: \$675 per month/5 household members = \$135.00):

| Type of Support | Amount per Month |
|-----------------|------------------|
| Rent | \$ |
| Car Insurance | \$ |
| Car Payment | \$ |
| Utilities | \$ |
| Clothing | \$ |
| Food | \$ |

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 | Parent's Signature (Dependent Students Only) | 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 https://www.deltastate.edu.