

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848

Telephone: (800) 891-4596
Fax: (662) 915-1164
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Proof of Legal Dependent Worksheet 2014-15

To be completed by student (please print):

STUDENT LAST NAME STUDENT FIRST NAME STUDENT MIDDLE NAME

OLE MISS STUDENT NUMBER LOCAL TELEPHONE NUMBER OLE MISS EMAIL ADDRESS

___ Undergraduate/Pharmacy (EE 1-3/PY1)

Dependents are individuals that you will support between July 1 and June 30 of the school year (Fall through Summer semesters). **Support** means monetary sources of funds available to provide money, housing, food, clothes, transportation, child care, medical and dental care, and college costs. **You must provide EACH of the following documents to substantiate your claim:**

1. **2013 Federal Income Tax Returns, W2 forms and applicable tax schedules C or F (NOTE: if you did not file a tax return and you worked during 2013, you must still submit W2 forms, or submit your most recent pay stub that reflects your year-to-date income) AND**
2. **Legal documentation (birth certificates, custody paperwork, etc.) for each person listed below AND**
3. **Rent or lease agreement copy or proof of mortgage**

Include your dependents only if they receive more than half of their support from you and will continue to receive more than half of their support from you through the end of the school year. Include other people only if they meet **ALL** of the following criteria:

- They now live with you **AND**
- They now get more then half their support from you **AND**
- They will continue to get more then half their support from you the **entire** school year.

Name and ages of your dependents and their relationship to you:

Where do(es) the above named dependent(s) live? If unborn child, where will that child live?

_____ With you _____ With your parents _____ Other (please explain): _____

If child is unborn, who will pay the medical bills associated with delivery? _____

What provisions have you made for child care while you are in class/at work? _____

Where do YOU live during the school year?

_____ With parents _____ Own/rent apartment, house or dormitory _____ Other (please explain): _____

Are any of the dependent(s) listed 18 or older, is/are he/she/they employed or have another source of income?

_____ Yes _____ No

If YES, give name(s) and age(s) of dependent(s) and average weekly income for each: _____

Were you claimed as a dependent by your parent(s) on last year's tax return? _____ Yes _____ No

Will your parent(s) claim you as a dependent on their next tax return? _____ Yes _____ No

Did anyone other than you claim the dependent(s) listed above on last year's tax return? _____ Yes _____ No

If YES, Explain: _____

Will someone other than you claim the dependent(s) on their next tax return? _____ Yes _____ No

If YES, Explain: _____

If this is your child, where does the other parent live? _____

What support, if any, is provided by the other parent and grandparents? _____

Do/did you or anyone else receive any type of assistance for the dependent(s), such as TANF, SNAP, Medicaid, Social Security, SSI, WIC, foster care payments, child support, etc., within the last 12 months? _____ Yes _____ No

If YES, please explain (you must submit proof of current assistance in your name or that prior assistance has terminated):

Estimate the amount you spend each month on the dependent(s) listed above. Do NOT include the dependent(s) income from work, or any funds received through federal, state, or local programs:

By signing below, I certify that the information provided is true and correct. I agree to provide additional information or documentation if requested.

Student Signature _____

Date _____