

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

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

Phone: 1-800-891-4596
Fax: (662) 915-1164
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Proof of Legal Dependent Worksheet 2018-19

PLEASE NOTE: Reviews for this professional judgment will begin February 1, 2018.

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 _____@go.olemiss.edu

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

Please indicate your admission status: _____ entering freshman _____ continuing UM student _____ new transfer

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 ALL of the following documents to substantiate your claim:**

1. **2017 Federal Income Tax Returns, 2017 W2 forms and applicable tax schedules C or F (NOTE: if you did not file a tax return and you worked during 2017, you must still submit 2017 W2 forms, or your most recent pay stub/payroll statement that reflects your year-to-date income), AND**
2. **Proof of current employment, if currently employed (e.g., current pay-stub or signed statement from employer of current earnings), AND**
3. **Legal documentation (birth certificates, custody paperwork, etc.) for each dependent listed below, AND**
4. **Signed and complete copy of current rent or lease agreement or proof of mortgage that falls within July 1, 2018 through June 30, 2019, AND**
5. **Documentation of child care/day care (e.g., proof of child-care/day-care enrollment, child-care invoice from provider, written confirmation from child-care/day-care provider, paid receipts, etc.).**

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 than half their support from you, **AND**
- They will continue to get more than half their support from you the **entire** school year.

Dependent(s) information:

| | | |
|-------------------------|-----------|-------------------------------|
| NAME OF DEPENDENT _____ | AGE _____ | RELATIONSHIP TO STUDENT _____ |
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| NAME OF DEPENDENT _____ | AGE _____ | RELATIONSHIP TO STUDENT _____ |

Please answer all of the following questions; **do not leave any item blank or incomplete**:

1. 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): _____

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

3. What provisions have you made for child care while you are in class/at work? (Please provide **documentation of child care**, if applicable: proof of child-care/day-care enrollment, child-care invoice from provider, written, signed statement from child-care provider, paid receipts, etc.) _____

4. Where do YOU live during the school year?

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

5. Are any of the dependent(s) listed 18 or older, 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: _____

6. Were you employed in 2017? _____ Yes _____ No

7. Are you **currently** employed? _____ Yes _____ No

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

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

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

If yes, please explain: _____

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

If yes, please explain: _____

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

13. Is the other parent a student? _____ Yes _____ No If yes, please provide name of the other parent and their college:

Other parent name _____

Other parent college _____

14. What support is provided by the other parent and/or grandparents? _____

15. 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):

16. 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:

Please complete the table below indicating all your and your dependent(s) MONTHLY household and personal expenses:

| TYPE | MONTHLY AMOUNT | TYPE | MONTHLY AMOUNT |
|---|----------------|---|----------------|
| Rent (<i>if renting</i>) or Mortgage (<i>if own home</i>) | \$ | Home Phone | \$ |
| Food (<i>including formula, baby food</i>) | \$ | Cell Phone | \$ |
| Natural Gas | \$ | Car payment | \$ |
| Electric | \$ | Clothing (<i>including diapers, baby clothes</i>) | \$ |
| Water/Sewer | \$ | Child care/Day care | \$ |
| Garbage | \$ | Medical/Dental | \$ |
| Cable/Internet | \$ | Other (specify: _____) | \$ |

Please complete the table below indicating the SOURCE(S) and MONTHLY amount(s) of financial assistance:

| SOURCE(S) OF FINANCIAL ASSISTANCE (Indicate sources of financial assistance that assist you in meeting your monthly expenses.) | MONTHLY AMOUNT |
|---|----------------|
| Income from work and/or unemployment benefits (please provide proof of <i>current</i> income e.g., W2/1099 forms, unemployment benefits statement, check stub or payroll statements, etc.) | \$ |
| Child support received (from the other parent of your dependents) | \$ |
| Financial assistance from family (please specify: ____parent ____other family members) | \$ |
| Financial assistance from other agencies (e.g., church, local/charitable organization, etc.) | \$ |
| Other (please specify: _____) | \$ |

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 _____

Requests are processed as quickly as possible, but may take several weeks during peak periods (June through October).