



**2025-2026**

**Legal Dependent Support Verification Worksheet**

\_\_\_\_\_ 9 \_\_\_\_\_

Student's Name _____	Student's MSU Net ID _____	MSU ID (9 digit) _____
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You indicated on your 2025-2026 FAFSA that you provide over half of a dependent child's support. This has made you an independent student and we require verification of that status. Please complete this form and return to our office with any additional documentation requested. *You cannot include a child who has not been born at the time the 2025-2026 FAFSA was completed.* Do **not** leave any question blank.

**\*\* Verification of your FAFSA information must be completed before adjustments can be made. Check your eligibility requirements on your MSU MyState Portal and your MSU email regularly to see if you need to submit additional documentation. \*\***

Required Questions	Answers and Required Documentation
1. Who is your Legal Dependent?	Child's Name _____ Child's Age _____ *Provide student signed statement detailing how you plan to provide more than 50% of your child's support during the award year
2. Where do you (student) live?	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Other(name) _____ Relationship to student _____ <input type="checkbox"/> Student's Home or Apartment (answer questions below): <ul style="list-style-type: none"> <li>Does the <b>student</b> pay the rent or mortgage? (circle) <b>YES</b> or <b>NO</b>                              If <b>yes</b>, submit a copy of mortgage/deed/lease in student's name.                              If <b>no</b>, provide the name of person who pays the rent or mortgage and relationship to student.                              Name: _____                              Relationship to student: _____</li> <li>Does the <b>student</b> pay the utility bills – (circle) <b>YES</b> or <b>NO</b>                              If <b>yes</b>, please submit copies of utility bills in student's name.                              If <b>no</b>, provide the name of person who pays the utilities and relationship to student.                              Name: _____                              Relationship to student: _____</li> </ul>
3. Where does your child live?	<input type="checkbox"/> With Student <input type="checkbox"/> With Child's Grandparent(s) <input type="checkbox"/> Other (name of other): _____ Other's relationship to student: _____
4. Are you employed?	<input type="checkbox"/> <b>Yes</b> : submit a copy of <b>most recent pay stub &amp; date employment began</b> . Date employment began: _____ <input type="checkbox"/> <b>No</b>

<p>5. Did/Will you receive or pay child support for your child (listed above as your Legal Dependent)?</p>	<p><input type="checkbox"/> Yes: Amount you <b>RECEIVED</b> in 2024: \$ _____ (per year) Amount you will receive in 2025: \$ _____ (per month)</p> <p><input type="checkbox"/> Yes: Amount you <b>PAID</b> in 2024: \$ _____ (per year) Amount you will pay in 2025: \$ _____ (per month)</p> <p><input type="checkbox"/> No</p>
<p>6. Do/Will you or your child receive other types of benefits, assistance, or financial support?</p>	<p><input type="checkbox"/> Yes: Type of assistance and amount (TANF/WIC/SNAP/health/housing, etc.). Must submit records for each support listed (includes medical card) *Type: _____ \$ _____ per month *Type: _____ \$ _____ per month Financial Aid: _____ per semester</p> <p><input type="checkbox"/> Yes: Financial Support received from: _____ (name) Relationship to student: _____ Amount of support you/your child received in 2023: _____ per year.</p> <p><input type="checkbox"/> No</p>
<p>7. Childcare Provided</p>	<p><input type="checkbox"/> No: I do not have childcare for my child. Provide explanation (who cares for your child during class periods).</p> <p><input type="checkbox"/> Yes: My childcare provider is listed below</p> <p><b>Who pays your childcare:</b> * provide receipts or bank statements in student's name:</p> <p><input type="checkbox"/> You (the student):</p> <p><input type="checkbox"/> Agency (name): _____ \$ _____ per month</p> <p><input type="checkbox"/> Individual (name): _____ \$ _____ per month **Individual's relationship to you: _____</p> <p>If the amount per month is \$0, does the individual charge the student for childcare? (Circle): Yes or No</p>
<p>8. Who claimed you and/or your child as a dependent on the 2023 and/or 2024 federal tax return?</p>	<p><input type="checkbox"/> Student claimed student.</p> <p><input type="checkbox"/> Student claimed their child.</p> <p><input type="checkbox"/> Another claimed student and/or child (list name and relationship below): Name: _____ Relationship to Student: _____ *Provide signed statement if previously claimed and not claiming now</p> <p><input type="checkbox"/> Neither student nor child were claimed on a 2023/2024 federal tax return.</p>

**Student Certification Statement**

**Signature** (Note: Signature **MUST BE HANDWRITTEN**; an electronic signature will not be accepted.)

By signing this form, I certify that all the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required for all students)