**MISSOURI STATE UNIVERSITY-WEST PLAINS**

**Office of Financial Aid**

**PROOF OF DEPENDENT FINANCIAL SUPPORT 2022-2023**

**Please complete this form in blue or black ink and return it with the requested information or documentation.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: (Last) (First) (M.I.) (Phone) Bear Pass #

On the 2022-2023 FAFSA you answered ‘yes’ to question 50, *Do you now have or will you have children who will receive* ***more than half of their support*** *from you between July 1, 2022 and June 30, 2023?*. Please complete, sign and date this form, then return it to our office with any additional documentation requested. **We CANNOT process an incomplete form.**

**SECTION A: Relationship to Dependent**

|  |  |  |
| --- | --- | --- |
| Are you the custodial parent? | Yes: \_\_\_ No: \_\_\_ | If “Yes,” complete Section B.  If “No,” provide a signed and notarized statement from the custodial parent regarding your financial contribution of more than half the child’s support. |
| Is the Dependent’s other parent attending MSU–West Plains? | Yes:\_\_\_ No:\_\_\_\_ | If “Yes”: Other parents name and Date of Birth  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you expecting a child during this academic year?   |  | | --- | |  | | Yes: \_\_\_ No: \_\_\_ | If “Yes,” provide a statement from your care provider with the expected date of birth. Also, provide a signed statement which declares your intended support and capability of providing more than half of the child’s support. Use Section B as a reference. |

**SECTION B: Living Arrangements and Income/Expenses**

|  |  |
| --- | --- |
| 1. Name(s) and age(s) of child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. Does your child reside in the same household as you? Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, whose, and what is their relationship to the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   If your child does reside in the same household as you, how are you providing housing for you and your child(ren)? If you are renting, please provide a copy of the lease. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. Are you employed?   If “YES” what is your monthly income? $\_\_\_\_\_\_\_\_\_\_ What was your hire date? \_\_\_\_\_\_\_\_\_\_\_  If “YES” please supply a copy of your most current Year-to-Date gross earning pay stub.  If **“NO”** you must provide a **detailed explanation**, in Section D of how **you** provide **more**  **than half of the child’s financial support.**  Provide any supporting documents that may apply. | \_\_\_YES \_\_\_NO |
| 1. Are you providing medical coverage for your child?   If “YES” submit a copy of the medical card.  If “NO” who is providing medical coverage for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_YES \_\_\_NO |
| 1. Are you paying for childcare for your child? **If “Yes” provide documentation specifying the child receiving care**. (e.g. receipts or statement of account in your name)   If “YES” how much do you pay per month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If “NO” does someone else pay for childcare? \_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_YES \_\_\_NO |
| 1. Do you **pay** child support for your child?   If “YES” how much did you pay in 2020? $\_\_\_\_\_ How much will you pay in 2022? $\_\_\_\_\_\_\_\_ | \_\_\_YES \_\_\_NO |
| 1. Are you receiving child support for your child?   If “YES” how much did you receive in 2020? $\_\_\_\_\_ How much will you receive in 2022? $\_\_\_\_\_\_\_ | \_\_\_YES \_\_\_NO |
| 1. Are any of your or your child’s relatives providing financial support for your child or you?   **For example, but not limited to, housing, utilities, and food**.  If “YES” what is the monthly amount? $\_\_\_\_\_\_\_ How much was paid in 2020? $\_\_\_\_\_\_\_\_\_\_  If “YES” who provides the support and their relationship to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_YES \_\_\_NO |

**Section B (continued): Living Arrangements and Income/Expenses**

* **The amount you pay and the amount paid by someone other than yourself should equal the total monthly amount**

|  |  |  |  |
| --- | --- | --- | --- |
|  | \*Total Monthly Amount | Amount of total you pay & source of funds | Amount of total paid by someone other than yourself (indicate who pays this amount) |
| Housing (what would be your and your child(ren)’s share if you live with someone) |  |  |  |
| Electric |  |  |  |
| Gas |  |  |  |
| Food (you and child(ren)) |  |  |  |
| Clothing |  |  |  |
| Basic needs (diapers, wipes, toiletries, etc.) |  |  |  |
| Childcare |  |  |  |
| Medical |  |  |  |
| Other: Please list expenses |  |  |  |
| TOTAL |  |  |  |

**SECTION C: Benefits**

Please list any of the following benefits of assistance you receive (**do not leave any blanks**):

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Assistance | Do you receive this benefit?  (Yes or No) | Did you Receive it in 2020?  (Yes or No) | Monthly Amount |
| W.I.C. |  |  | N/A |
| Food Stamps (SNAP) |  |  |  |
| TANF |  |  |  |
| Social Security Disability |  |  |  |
| Veteran’s Disability |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**SECTION D: General Summary**

Please explain any other circumstances that may better explain how you monetarily support your dependent(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION E: Acknowledgement and Signature**

By signing below, I acknowledge that I have read and understand the information on this form, that I have appropriately attached all supporting documents, and certify that all information submitted is accurate and true to the best of my knowledge. I understand that submitting this form does not guarantee that my request will be granted.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student's Signature: Date:**