

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

The University of Mississippi

Office of Financial Aid
Professional Judgment Committee
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Suite 257 Martindale Student Services
University, Mississippi 38677

Telephone: (800) 891-4596
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2007-2008 Legal Dependent Worksheet

Section I. 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 1-4

DEPENDENTS are those people that you will SUPPORT between July 1 and June 30 of the school year (Fall through Summer semesters). **SUPPORT** includes money, housing, food, clothes, transportation, child care, medical and dental care, college costs. **YOU MUST PROVIDE DOCUMENTATION TO SUBSTANTIATE YOUR CLAIM:**

- Legal documentation: birth certificates, custody paperwork, etc. for each person listed below **AND**
- 2006 Federal Income Tax Returns; if you did not file and you worked during 2006, submit W2 forms **AND**
- Receipts or proof of monies spent on dependent

Include your children only if they get more than half their support from you and will continue to get more than half 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.

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 Explain: _____

If unborn child, 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 or house or dormitory

_____ Other 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 AFDC/TANF, Medicaid, Social Security, SSI, WIC, foster care payments, child support, etc., within the last 12 months? _____ Yes _____ No

If YES, 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. **You must submit proof of monies spent:**

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

Student Signature

Date