



**Hinds Community College  
Office of Financial Aid  
2016-2017  
Legal Dependent Verification Worksheet**

Office Use Only: Name: _____ ID: _____ FA16CLDW
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\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security# or ID#                      Phone Number

You indicated on your 2016-2017 FAFSA that you provide over half of a dependent child's support. This has made you an independent student and we are required to verify that status. Please complete this form and return to our office with any additional documentation requested. **This includes children who will be born before the end of the award year.** If you are expecting a child during this academic year, provide a statement from your medical 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.

Questions To Be Answered	Documentation Needed Based Upon Your Answer
1. Is your child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your rental/lease agreement.
2. Are you paying childcare for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide documentation specifying the name of the child receiving care (i.e.: receipts or statement of account in your name).
3. Are you providing medical insurance for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of medical insurance card.
4. Are you <u>receiving</u> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you receive in 2015? \$ _____ per <u>year</u> How much will you receive in \$2016? \$ _____ per <u>month</u>
5. Do you <u>pay</u> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you pay in 2015? \$ _____ per <u>year</u> How much will you pay in \$2016? \$ _____ per <u>month</u>
6. Are any of your child's relatives providing financial support for you and/or your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much support did you receive in 2015? \$ _____ per <u>month</u> Name of relative: _____ Relationship: _____
7. Are you or your child receiving any other types of assistance or benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide the type(s) of assistance and the monthly amounts: Type: _____ \$ _____ per <u>month</u> Type: _____ \$ _____ per <u>month</u>
8. Are you and/or your child living with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", do you pay rent to your parent(s)? If so, provide a signed statement from your parent(s) indicating the dollar amount.
9. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your most recent year-to-date paystub.
10. Were you or your child claimed as dependents on someone else's 2015 federal tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", who claimed your child? Name: _____ Relationship: _____ <i>**If they will not claim you on their 2016 federal tax return, have them submit a signed statement indicating this.</i>

By signing this form, I certify that all of 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: \_\_\_\_\_

**Hinds Community College Notice of Non-discrimination Statement:**  
In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for Administrative Services, 34175 Hwy. 18, Utica, MS 39175 601.885.7002 Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator, P. O. Box 1100 Raymond Campus (Denton Hall 221), Raymond, MS 39154 601.857.3232 [titleIX@hindsc.edu](mailto:titleIX@hindsc.edu)  
**Disability Support Services Statement:**  
Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.