



Hinds Community College
Office of Financial Aid
2017-2018
Legal Dependent Verification Worksheet

Office Use Only: Name: _____ ID: _____ FA17CLDW
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 Last Name First Name M.I. Social Security# or ID# Phone Number

You indicated on your 2017-2018 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. 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.
2. Were you or your child claimed as dependents on someone else's 2016 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 2017 federal tax return, have them submit a signed statement indicating this.</i>
3. Is your child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your rental/lease agreement.
4. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of your most recent year-to-date pay stub.
5. 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).
6. Do you <i>pay</i> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you pay in 2016? \$ _____ per <u>year</u> How much will you pay in 2017? \$ _____ per <u>month</u>
7. Are you providing medical insurance for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of the medical insurance card.
8. Are you <i>receiving</i> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", how much did you receive in 2016? \$ _____ per <u>year</u> How much will you receive in 2017? \$ _____ per <u>month</u>
9. 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 2016? \$ _____ per month Name of relative: _____ Relationship: _____
10. 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>

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@hindscc.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.

Mail to: Office of Financial Aid – P. O. Box 1100 – Raymond, MS 39154-1100