



RETURN TO: JACKSON STATE UNIVERSITY  
FINANCIAL AID OFFICE  
P. O. BOX 17065  
1400 J. R. LYNCH STREET  
JACKSON, MS 39217-0165  
OFFICE: 601-979-2227 • FAX: 601-979-2237  
EMAIL: [finaid@jsums.edu](mailto:finaid@jsums.edu)

## 2017-2018 Documentation of Legal Dependent or Child You Support

		J
(Student's Last Name)	(Student's First Name)	(Student's J-Number)

The results from your Free Application for Federal Student Aid (FAFSA) indicates that you filed as an Independent Student under the condition that you have a child or a legal dependent for whom you will provide more than half of their support for the award year. Support includes (but not limited to) monetary/financial support, food, food stamps, housing, utilities, clothing, medical, dental and/or car insurance, child support, child care, education, transportation, recreation, etc. We must verify your Independency status before financial aid eligibility can be determined.

**INSTRUCTIONS:** Check the condition below that applies to you AND submit the Required Documentation with this form to the Financial Aid Office. **Forms submitted without the required documentation will not be processed.**

- ☐ (A.) I have a child who will receive more than half of their support from me during the academic year beginning July 1, 2017 through June 30, 2018.
- ☐ (B.) I will have a child who will be born before the end of the award year who will receive more than half of their support from me during the academic year beginning July 1, 2017 through June 30, 2018.

### Required Documentation for (A) and (B):

- ✓ Copy of child's birth certificate
- ✓ Statement from Physician which includes expected due date for unborn child
- ✓ Signed personal statement and documentation showing the following:
  - Type of monthly support and estimate that YOU provide
  - Amount of monthly support provided by OTHERS (i.e. family members, friends, parents, state agency, etc.)
  - Living arrangements for yourself and your child
  - Details of child care while you are attending classes, including cost (if any)

- ☐ (C.) I have a legal dependent (except a spouse or children) who lives with me AND receives more than half of their support from me beginning July 1, 2017 through June 30, 2018. Submit the following **Required Documentation below:**

- ✓ Signed personal statement documenting the following:
  - Name and age of dependent(s) that live with you
  - Relationship of dependent(s) to yourself
  - Estimate of monthly support YOU provide for dependent(s)
  - Amount of monthly support provided by OTHERS (i.e. family members, friends, parents, state agency, etc.)

**NOTE:** If **NEITHER** of the options above apply to you and you have special circumstances regarding your status, contact a Financial Aid Counselor at (601) 979-2227.

**CERTIFICATION STATEMENT:** I certify that all the information regarding my legal dependent(s) and or children is complete and correct. **WARNING:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)