



Join in. Stand out.

REQUEST TO EVALUATE INDEPENDENT STATUS
BASED ON DEPENDENT OTHER THAN SPOUSE

This form should be completed and returned to:

Student Financial Assistance
Kent Wyatt Hall 143, Cleveland, MS 38733
(662) 846-4670

SFA USE ONLY

Approved
Denied

COMMENTS:

Three horizontal lines for writing comments.

Printed Name - Full Name

Social Security Number

Address

City/State/Zip

Phone Number

Date Filed

PLEASE ANSWER ALL QUESTIONS CAREFULLY. DO NOT LEAVE ANY BLANKS.

1. Names, ages and relationship to student of dependent(s).\*

Table with 3 columns: Name, Age, Relationship. Includes three rows of blank lines for data entry.

\* Must provide legal documentation (Birth Certificate, Legal Guardianship, etc.)

2. Where do(es) the above named dependent(s) live?

With student
With student's parent(s)
Other

please explain

3. What child care provisions have you made while you're in class?

please explain

4. You (the student) will live:

Resident Hall
On Campus/Family Housing
With parent(s)
Rent your own apartment/house. If so, attach lease agreement
Other

5. Were you (the student) claimed by your parent(s) on their previous year tax return? Yes No

6. Was your dependent claimed by anyone other than you (the student) on the previous year tax return?

Yes No Whom/relationship:

7. Estimated monthly expense for support of dependent(s):

8. I (the student) will provide \$ per month for the support of my dependent(s) over and above the support received through any federal programs listed below.

9. Source(s) of support\*\*:

\*\* MUST attach supporting documents (examples include: copy of most recent check stub; AFDC check; tax return; child support paid and/or received; WIC program; Medicaid/Medicare; statements of payment with cancelled checks)