



Student Financial Assistance
 Kent Wyatt Hall 144, Cleveland, MS 38733
 Email: finaid@deltastate.edu
 Fax: (662)846-4683

SFA USE ONLY

____ Approved

____ Denied

Comments:

2019-2020 Proof of Dependent Form – Parent

Student's Name _____

Student ID# _____

Date Filed _____

Address _____

City/State/Zip _____

Phone Number _____

You have indicated that your parent(s) support an immediate family member (i.e. grandparent, aunt, uncle, niece, nephew, etc.). To include any individual on your FAFSA, we must have documentation of the dependent's income. The income will not be used on the FAFSA to determine the student's financial aid eligibility. Complete this form to identify if you are eligible to include a dependent in your parent(s) household size.

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

Dependent's Name _____ Relationship to the Student _____

1. Reason that this person lives with your parent(s) and why your parent(s) are supporting them?

2. Does this person have any income? _____ Yes _____ No

Type of Income	Amount
Wages	\$
Social Security	\$
Retirement	\$
SNAP Benefits	\$
TANF Benefits	\$
Disability	\$
Other	\$

***Please attach documentation of 2017 Income from all sources.**

3. Did this person file a 2017 Federal Income Tax Return? _____ Yes _____ No
 (If Yes, attach a copy of their 2017 IRS Tax Return)

4. Type of support your parent(s) provide for this person:

Type of Support	Amount
Rent	\$
Car Insurance	\$
Car Payment	\$
Utilities	\$
Clothing	\$
Food	\$

SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Student's Signature _____

Date _____

Parent's Signature (Dependent Students Only) _____

Date _____