



Student Financial Assistance  
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SFA USE ONLY

\_\_\_\_ Approved

\_\_\_\_ Denied

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proof of Dependent Form – Independent Student**

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Date Filed \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

You have indicated that you 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 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 you and why you 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 you 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 \_\_\_\_\_