Student Financial Aid
University of Missouri

11 Jesse Hall
Columbia, MO 65211-1600
PHONE (573) 882-7506
FAX (573) 884-5335
EMAIL: mufinaidverification@missouri.edu

MizzouSFA

Student Name (Last, First)	myZou Student ID Number

2017-2018 Dependent Support Documentation

The information requested on this form is needed to process your application for financial aid for the 2017-2018 academic year.

On the 2017-2018 Free Application for Federal Student Aid (FAFSA), you indicated you will provide more than one-half support for one or more dependents. Support includes money, housing, food, clothes, medical care, and similar expenses. You have been selected to verify this support for your dependent(s).

List the dependent(s) for which you provide more than one-half support:		
NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU
NAME OF DEPENDENT	AGE	RELATIONSHIP TO YOU

***NOTE**: If you provide more than one-half support for more than two dependents, please write on the back of this form.*

Indicate the primary residence of your dependent(s).

☐ With you, the student ☐ With a parent ☐ With a grandparent ☐ Other: _____

Provide a copy of *one* of the following to demonstrate how you support yourself *and* more than one-half of the cost of supporting your dependent(s):

☐	documentation of current employment (e.g., a current paystub),
☐	documentation of housing (e.g., a copy of a lease agreement or utility bill in your name),
☐	documentation of child support received, OR
☐	documentation of TANF, WIC, SNAP, or other federal subsidized program in your name.

Did you claim the dependent(s) above as an exemption on your 2015 federal income tax return?	☐ **YES**	☐ **NO**

If ***no***, list the name of the person who claimed the dependent(s) and his/her relationship to you:

NAME	RELATIONSHIP TO YOU

If the dependent(s) listed above is a child, answer the following:

Does your parent provide financial support for your child?	☐ **YES**	☐ **NO**

If ***yes***, list the type of support provided (e.g., clothing, food, medical care): _____

Do you have child care provider expenses?	☐ **YES**	☐ **NO**
If ***yes***, do you pay the child care expenses?	☐ **YES**	☐ **NO**

***NOTE**: If we have reason to believe the information reported is inaccurate, we may require additional documentation.*

STOP: Did you fully complete this form and include attachments? We will return any incomplete/unsigned forms for correction.

By signing, I certify that all of the information reported is complete and correct. ***WARNING:** if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.*

STUDENT SIGNATURE DATE

***NOTE**: If you are unable to meet the dependent support test and do not meet any other independent criteria on the FAFSA, then you are considered dependent for financial aid purposes. Please login to your FAFSA at www.fafsa.gov and answer "No" to questions 46-58. You must also provide parental income and asset information as well as a parent signature (your parent can sign electronically using his/her own FSA ID).*