**Student Financial Aid**
University of Missouri

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Document Uploader: Dependency Documents

MizzouSFA

| Student Name (Last, First) | myZou Student ID Number |
|---|---|
| | |

# 2021-2022 Dependent Support Documentation

The information requested on this form is needed to process your application for financial aid for the 2021-2022 academic year.

On the 2021-2022 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(S) OF DEPENDENT(S) | AGE(S) | RELATIONSHIP(S) TO YOU |
| ***NOTE**: If you provide more than one-half support for more dependents than fit here, please write on the back of this form.* | | |

| **Indicate the primary residence of your dependent(s) and yourself.** | | |
|---|---|---|
| | | |
| NAME OF PERSON DEPENDENT(S) LIVE WITH | THEIR RELATIONSHIP TO YOU (STUDENT) – I.E. SELF, CO-PARENT, STUDENT'S PARENT | |
| | | |
| NAME OF PERSON YOU (STUDENT) LIVE WITH | THEIR RELATIONSHIP TO YOU (STUDENT) – I.E. SELF, PARTNER/SPOUSE, PARENT | DO YOU PAY TO LIVE HERE? IF YES, LIST AMOUNT PAID MONTHLY. |

**You must include evidence to demonstrate how you provide more than one-half of the cost of supporting your dependent(s). Select the supporting evidence you have included:**

| | |
|---|---|
| ☐ | Documentation of current employment (e.g., a current paystub), or of child support received showing enough current income to reasonably provide for more than one-half of your dependent(s) financial support. |
| ☐ | If you cannot provide a current paystub or documentation of child support received, include a statement that details if you are currently employed and how you are able to provide more than one-half of the financial support for your dependent(s). Include additional documentation to verify other sources of income or financial resources. We may request more documentation to confirm the information in your statement. |

| **Did you claim the dependent(s) above as an exemption on your 2019 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 for these? | ☐ **YES** | ☐ **NO** |
|---|---|---|---|---|---|

**<u>STOP</u>: 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. If we have reason to believe the information reported is inaccurate, we may require additional documentation.*

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 45-57. 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).*