



Hinds Community College
Office of Financial Aid
2018-2019
Legal Dependent Verification Worksheet

Office Use Only:

Name: _____

ID: _____

Received by: _____
FA18CLDW

Last Name

First Name

M.I.

ID Number (**REQUIRED**)

Phone Number

You indicated on your 2018-2019 FAFSA that you provide over half of a dependent child's support. This has made you an independent student and we are required to verify that status. Please complete this form and return to our office with any additional documentation requested. **This includes children who will be born before the end of the award year.** If you are expecting a child during this academic year, provide a statement from your medical care provider with the expected date of birth.

Questions To Be Answered	Documentation Needed Based Upon Your Answer
1. Is your child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, go to #2 If no, go to #5	No documentation required.
2. Who do you and/or your child live with? <input type="checkbox"/> Parents <input type="checkbox"/> Not with parents	If "not with parents" provide a copy of your lease/rental agreement.
3. Were you or your child claimed as dependents on someone else's federal tax return? (Circle) Student Child 2016 yes/no 2016 yes/no 2017 yes/no 2017 yes/no	If "Yes", who claimed you? 2016 _____ 2017 _____ Who claimed your child? 2016 _____ 2017 _____
4. Are you receiving child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide proof of support. (i.e.: Letter from DHS, cancelled checks, etc.)
5. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide proof of employment. (i.e.: recent check stubs, W2s, etc.)
6. Do you <i>pay</i> child support for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide proof of payments.
7. Are you paying childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide documentation specifying the name of the child receiving care (i.e.: receipts or statement of account in your name).
8. Are you providing medical insurance for your child? (Excluding Medicaid) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", provide a copy of the insurance card. (Excluding Medicaid)

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge.

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature: _____ Date: _____

Hinds Community College Notice of Non-discrimination Statement: In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titleIX@hindscc.edu

Mail to: Office of Financial Aid – P. O. Box 1100 – Raymond, MS 39154-1100

Fax: 601-857-3605

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