



Financial Aid Office
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2016-2017 Dependent Support Verification

This form is intended to verify your independent status as reported on your Free Application for Federal Student Aid (FAFSA). Students who report having a legal dependent or child must submit documentation indicating sufficient income to support themselves as well as provide more than 50% support for the dependent(s).

Dependent(s) Information ~ Please provide the following information regarding your dependent(s). Enter N/A if it does not apply.

Name	Date of Birth	Relationship to You

1) If the dependent is your child, please indicate the name of the other parent _____
 2) Is the other parent enrolled at Murray State University? Yes No
 3) With whom does your dependent live? _____
 4) If your dependent currently lives with you, will they continue to live with you between July 1, 2016 and June 30, 2017? Yes No
 5) Did you claim your dependent as a tax exemption in 2015? Yes No
 If no, indicate the name of the person who did and that person's relationship to your dependent:
 Name _____ Relationship _____
 6) Will you claim your dependent as a tax exemption in 2016? Yes No
 7) Do you receive state or federal benefits for your dependent? Yes No
 8) Does someone else receive state or federal benefits for your dependent? Yes No
 If yes, please list that person's name and relationship to your dependent:
 Name _____ Relationship _____
 9) Who provides medical insurance for you?
 Name _____ Relationship _____
 10) Who provides medical insurance for your dependent?
 Name _____ Relationship _____

HOUSEHOLD INCOME AND EXPENSES ~ Do not leave any items blank enter 0 if item does not apply

Expense	Monthly Amount	Total Estimated Amount For Calendar year 2015	Total Estimated Amount For Calendar year 2016	Provided By (You, family member, other parent, etc.)
Rent/Mortgage/Subsidized Housing	\$	\$	\$	
Utilities	\$	\$	\$	
Groceries / Household Supplies	\$	\$	\$	
Car pmt./insurance/gas/mass transit	\$	\$	\$	
Medical Expense/Health Insurance	\$	\$	\$	
Clothing	\$	\$	\$	
Credit Cards / Personal Loans	\$	\$	\$	
Daycare	\$	\$	\$	
Medical Expenses	\$	\$	\$	
Child Support Paid for Dependent(s)	\$	\$	\$	
Total	\$	\$	\$	

Please indicate your sources and amounts of income ~ Do not leave any items blank

Source of Income	Monthly Amount	Total Estimated Amount For Calendar year 2014	Total Estimated Amount For Calendar year 2015	Provided By (You, family member, other parent, etc.)
Name of Employer:	\$	\$	\$	
Child Support Received for other Dependent(s)	\$	\$	\$	
State Assistance / Food Stamps	\$	\$	\$	
Welfare/AFDC/TANF/WIC	\$	\$	\$	
Untaxed Pension	\$	\$	\$	
Social Security Benefits/Disability	\$	\$	\$	
Worker's Compensation	\$	\$	\$	
Unemployment	\$	\$	\$	
Medicaid	\$	\$	\$	
Other - Please List:	\$	\$	\$	
Total	\$	\$	\$	

If there is any other, details you would like us to consider related to your support of this person, please feel free to attach a letter of explanation and submit with this form.

This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate. Warning: If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.

Murray State University Financial Aid Office does not allow electronic signatures(s). All documentation must be completed with original signatures prior to submission to our office, including via email, mail, or fax.

Student M# _____ Student Printed Name _____ Student Signature _____ Date _____

