The purpose of this form is to request additional information regarding the dependent(s) you listed on the Free Application for Federal Student Aid-(FAFSA) and/or the Verification Worksheet to assist us in determining your eligibility for federal student aid. Please answer all questions carefully and attach all relevant, supporting documentation as specified and/or as requested. PLEASE NOTE: Students living in residence halls during the award year cannot claim children as dependents.

Student Name

Student ID#

Street Address

City

State

Zip Code

1. List the names and ages of your dependents and their relationship to you. You must attach copies of legal documentation of their relationship to you (i.e. birth certificates, legal guardianship/court documents, etc.)

NOTE: Dependents are defined as those people whom you will support between July 1, 2015 and June 30, 2016. Include all dependents who will receive more than one-half of their support from you. (Support includes money, housing, food, clothing, car, medical and dental care, payment of college costs, etc.) You may only include someone as a dependent if they meet the following criteria.

-They live with you now, and;
-They receive more than one-half of their support from you, and;
-They will continue to receive more than one-half of their support from you between July 1, 2015 and June 30, 2016, and;
-Birth certificates, adoption papers, or legal guardianship/court documents are provided to show legal custody.

<table>
<thead>
<tr>
<th>Name of Dependent</th>
<th>Age</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Where will the dependent(s) listed above reside between July 1, 2015 and June 30, 2016?

☐ With the student
☐ With the student’s parents or other family member
☐ With another primary caretaker:

(Please explain.)
3. What primary care provisions have you made for your dependent(s) while you are attending class?

__________________________________________________________________________

__________________________________________________________________________

4. Where will you (the student) reside between July 1, 2015 and June 30, 2016?
   □ Dormitory
   □ With parents or other family member
   □ Private Residence (must provide copy of lease agreement or bill of purchase)
   □ Other ____________________________
      (Please explain.)

5. Were you (the student) claimed as a dependent by your parent(s) for federal tax year 2014?
   □ Yes    □ No

6. Were you (the student) claimed as a dependent by someone else for federal tax year 2014?
   □ Yes    □ No

7. Please indicate below estimates of monthly expenses incurred by you for the support of your dependent(s):

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board</td>
<td></td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Dependent Care Cost</td>
<td></td>
<td>Other ______</td>
<td></td>
</tr>
</tbody>
</table>

8. Please indicate all sources of monthly income paid to you and/or to you on behalf of your dependents and attach supporting documents such as copies of employee check stubs, AFDC payment receipts, proof of child support paid to you, etc.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td></td>
<td>AFDC/TANF</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td></td>
<td>Other ______</td>
<td></td>
</tr>
</tbody>
</table>

(Page 2 of 3)
Certification Statement

(Certification Statement must be signed by all applicants)

I certify that all the information provided by me or other persons acting on my behalf to the Office of Financial Aid at Pearl River Community College is true and correct to the best of my knowledge. I further certify that all information provided on this form, or that is attached to this form is true and correct to the best of my knowledge. If asked, I agree to provide any further supporting documentation needed to verify the information recorded on this form. I understand that if I am not able to provide the requested documentation, I will be denied eligibility for financial aid. In addition, I understand that if I receive federal assistance based on erroneous or false information that I provided to the Office of Financial Aid, I will be responsible for repaying all invalid funds to their respective federal programs. I also understand that I will be responsible for paying any fees incurred as the result of my attendance at Pearl River Community College, or further fees and/or fines incurred as a result of my providing erroneous or false information.

________________________________________  ____________________________
Student Signature                                Date

(Please sign here)

(Please print here)

Office of Financial Aid - 101 Hwy 11 North, P O Box 5120 - Poplarville, MS 39470 - Tel: (601) 403-1029 – Fax: (601) 403-1036