



2009-2010 Documentation of Dependent(s) Form

The purpose of this form is to request information regarding the dependent(s) you listed on the Free Application for Federal Student Aid-(FAFSA) and/or the Verification Worksheet. Please answer all questions carefully and attach all relevant, supporting documentation as specified and/or as requested.

 Student Name Student ID#

 Street Address City State Zip Code

- List the names and ages of your dependants 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, 2009 and June 30, 2010. 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, 2009 and June 30, 2010.

Name of Dependent	Age	Relationship to Student

- Where will the dependent(s) listed above reside between July 1, 2009 and June 30, 2010?

- With the student
- With the student's parents or other family member
- With another primary caretaker: _____
(please explain)



2009-2010 Documentation of Dependent(s) Form

Documentation of Dependent(s) Form (cont.)

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, 2009 and June 30, 2010?
 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 2008?
 Yes No

6. Were you (the student) claimed as a dependent by someone else for federal tax year 2008?
 Yes No

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

Expense	Amount	Expense	Amount
Room and Board		Clothing	
Food		Transportation	
Dependent Care Cost		Other _____	

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.

Source	Amount	Source	Amount
Employment		AFDC/TANF	
Unemployment		Social Security	
Child Support/Alimony		Other _____	



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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

(Page 3 of 3)

Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication, please contact Tonia Moody, ADA/Civil Rights Coordinator, at P.O. Box 5118, Poplarville, MS 39470, or via telephone at (601) 403-1060.

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