

Hinds Community College Office of Financial Aid 2023-2024

Legal Dependent Verification Worksheet

Office Use O Name:	nly:
ID:	
Received by:_	FA23CLDW

Last Name	First Name	M.I.	ID Number (REQUIRED)	Phone Number	
that status. Please com	plete this form and return t	o our office with any		u an independent student and we are required to verify cludes children who will be born before the end of provider with the expected date of birth.	
Questions To	Be Answered		Documentation N	Documentation Needed Based Upon Your Answer	
☐ Yes If yes, o	 Is your child living with you? Yes No If yes, go to #2 If no, go to #5 Who do you and/or your child live with? Parents Not with parents 			No documentation required. If "not with parents" provide a copy of your lease/rental agreement.	
someon Studer 2021 y	3. Were you or your child claimed as dependents on someone else's federal tax return? (Circle) Student Child 2021 yes/no 2022 yes/no 2022 yes/no		2021 2022 Who claimed your chil 2021	If "Yes", who claimed you? 2021 2022 Who claimed your child? 2021 2022	
4. Are you □ Yes	3		If "Yes", provide proof cancelled checks, etc.	f of support. (i.e.: Letter from DHS,)	
5. Are you □ Yes	currently employed?		If "Yes", provide proof W2s, etc.)	f of employment. (i.e.: recent check stubs,	
6. Do you □ Yes	. , . , . , , ,		If "Yes", provide proof	If "Yes", provide proof of payments.	
7. Are you □ Yes	paying childcare?			mentation specifying the name of the child eceipts or statement of account in your	
	providing medical in ding Medicaid) No	surance for your	child? If "Yes", provide a cop (Excluding Medical)	by of the insurance card. d)	
	·		any attachments are complete and accurate	, <u>-</u>	
Student Signature	:		Date:		