



# 2026-2027 Legal Dependent Form

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Your 2026-2027 financial aid application indicates that you have at least one legal dependent/dependent child. To claim the child/children as a legal dependent for financial aid purposes, you must currently be providing *more than half* of their support and continue to do so through June 30, 2027. Support includes housing, food, money, car, clothes, medical and dental care, day care, insurance, etc. **If the child does not live with you, you must be able to document that you pay more than half of the child's support in order to include them for FAFSA purposes.**

*The verification process may take SEVERAL WEEKS, and your federal financial aid will not be determined until the process is complete. Therefore, we suggest that you submit all information to the address on the bottom of this form WITHIN 30 DAYS. If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid. Thank you for your cooperation and prompt response.*

**Please list the child/children to whom you provide more than 50% support:**

➤ Name \_\_\_\_\_ Age \_\_\_\_\_

➤ Name \_\_\_\_\_ Age \_\_\_\_\_

Are you the biological parent or legal guardian to the child/children named above?  Yes  No

Does anyone else (i.e. other parent of child, grandparent, your significant other) help provide support (i.e. clothing, school supplies, insurance, etc.) for your child/children during the 2026-2027 school year?  Yes  No

➤ If yes, what type of help is provided (i.e., diapers, childcare, insurance, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Based on the support provided, please calculate approximately how much total support is contributed per year? (in dollars): \$ \_\_\_\_\_

Please also provide the following information about the person providing the support.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Who will the child live with during the academic year?  You  Other parent  Grandparent  
 Other (please explain) \_\_\_\_\_

Do you live with your parents?  Yes  No If yes, do you pay rent?  Yes  No

If yes, how much is paid per month \$ \_\_\_\_\_ How many months did you pay rent in 2025 \_\_\_\_\_ and 2026 \_\_\_\_\_?

Do you live with the child's other parent?  Yes  No

Will the child's other parent be enrolled in college during 2026-2027?  Yes  No

If yes, please list the name, city, state, and phone number of the college they will be enrolled in below:

College Name: \_\_\_\_\_ College City, State: \_\_\_\_\_

College Phone Number: \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**If the other parent filed taxes, please provide a copy of his or her 2024 Federal Income Tax Return Transcript.**

If other parent did not file, please list his or her total wages earned in 2024. \$ \_\_\_\_\_

Please provide his or her **projected** income for 2026. \$ \_\_\_\_\_

**\*Attach his or her most recent pay stub(s) for 2026 employment.**

Please provide **your** projected income for 2026. \$ \_\_\_\_\_

**\*Attach your most recent pay stub(s) for 2026 employment.**

<p align="center"><b>List the other income and/or benefits that you will receive from July 1, 2026 through June 30, 2027.</b></p> <p align="center"><b>Attach documents showing actual amounts received in 2024.</b></p> <p align="center"><b>Enter "0" if the answer is zero.</b></p>	<p align="center"><b>Amount</b></p>
Social Security (report all benefits received)	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Unemployment Benefits	\$ _____
Worker's Compensation	\$ _____
TANF (welfare benefits/cash benefits)	\$ _____
Disability Benefits (other than SS)	\$ _____
Veteran's Benefits	\$ _____
Housing Allowance	\$ _____
Food Stamps Received <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ attach documentation
Medical Assistance Received <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ attach documentation
Women's, Infants and Children (WIC) Received <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ attach documentation
Cash support or any money paid on your behalf	\$ _____
Other (list source and amount, i.e. scholarships)	\$ _____

Please explain the living and financial arrangements you share for the child you support. List any other support that you and/or your child received.

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**Signatures-Manually sign with a pen. Unsigned forms or those with digital/electronic/typed signatures will be returned.**

The information provided on this form is true and complete to the best of my knowledge. I/we understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature (if student is dependent) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Forms can be submitted ONE of the following ways:**

Mail to: Financial Aid ▪ Mayville State University ▪ 330 3<sup>rd</sup> St NE ▪ Mayville, ND 58257

Scan/Email (secure link using student login):

<https://sendfiles.ndus.edu/filedrop/MaSU-FinancialAid>

Contact Us: 1-800-437.4104 ext.: 34314 or 701.788.4314