

**MICHIGAN STATE UNIVERSITY  
AFFIDAVIT OF DEPENDENCY**

State of Michigan, County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn deposes and  
(employee name)  
states that \_\_\_\_\_, is my  
(dependent name)  
\_\_\_\_\_  
(dependent relationship) and is dependent on me for over half of his/her support.

I certify the above dependent is a U.S. citizen, has (or has applied for) permanent resident status in the United States, or is a U.S. National. I claim and receive Federal Income Tax deductions for him/her and will claim the same deduction as long as the dependent continues to meet IRS regulations for dependency.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Notary Public  
County of \_\_\_\_\_, Michigan

\_\_\_\_\_  
Employee Social Security Number

Received by Benefits Office:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature