



Enrollment Management
Office of Undergraduate Admissions and Student Aid

2009-2010 REVIEW OF INDEPENDENT STATUS

Student's Name: _____ LSU ID: 89 - _____ - _____
Email: _____ Phone: _____

When completing the 2009-2010 Free Application for Federal Student Aid, you indicated one of the following:

- You have children who receive more than half of their support from you.
You have other dependents who live with you and who receive more than half of their support from you, and will continue to do so through June 30, 2010.

Our office is requesting the following information to evaluate your independent status based on having a dependent. This review is in addition to the processing time of other verification documents that may have been requested. The information is forwarded to a committee that will evaluate your dependency status. Once a decision has been reached, you will receive an email notification at the address you provided above. DO NOT LEAVE ANY QUESTION BLANK. If you feel you answered this question incorrectly on the FAFSA, please submit a signed statement indicating that you wish to proceed as a dependent student for the 2009-2010 academic year.

1. List the names, ages, and relationship of your dependents. If the dependent is your child, you must attach a copy of his or her birth certificate.

Table with 3 columns: Name, Age, Relationship. Includes blank lines for data entry.

2. Where do you currently live?

- On campus Off Campus with parent or relative Off campus on my own

Where will you live from July 1, 2009 through June 30, 2010?

- On campus Off Campus with parent or relative Off campus on my own

3. Where does your dependent currently live?

- On campus with student Off Campus with student's parent or relative Off campus with student

Where will your dependent live from July 1, 2009 through June 30, 2010?

- On campus with student Off Campus with student's parent or relative Off campus with student

4. What childcare provisions have you made while you are in class. Attach documentation from the childcare facility or caregiver indicating the expense you will incur for these services from July 1, 2009 through June 30, 2010.

5. Did you file a federal income tax return for 2008?

- Yes - You must attach a signed copy of the return.
No - List all sources of income received from work in 2008.

Table with 2 columns: Earned Income from Work, Amount Received. Includes blank lines for data entry.

6. What is your anticipated earned income from work for 2009? Attach a copy of your most recent check stub or letter from your future employer indicating start date and rate of pay. _____

7. Who claimed your dependent(s) on their 2008 Federal income tax return? Please check box

- You Your parents Other (explain) _____

Enrollment Management
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8. Next to each item, list the monthly amount of the expenses incurred for **yourself and your dependent(s) for 2008**.

Expenses	2008 Monthly Expenses	Months incurred (write in # of months if less than 12)	Total
Home mortgage/Rent		12	
Utilities		12	
Food		12	
Household Supplies		12	
Clothing		12	
Childcare		12	
Vehicle payment		12	
Vehicle maintenance/gas		12	
Vehicle insurance		12	
Health insurance		12	
Credit card payments		12	
Miscellaneous		12	
Tuition and Fees	Indicate total amount for Spring 2008, Summer 2008 and/or Fall 2008		
Books			
On-campus housing			
Total Expenses for 2008:			

9. Next to each item, list the monthly amount of income received for **yourself and your dependent(s) for 2008**.

Sources of Income	2008 Monthly Amount Received	Months Received (write in # of months if less than 12)	Total
Welfare		12	
Food Stamps		12	
WIC		12	
TANF		12	
Social Security		12	
Childcare Assistance		12	
Child Support		12	
Housing Assistance		12	
Other: _____		12	
Work Income	Indicate total amount received in 2008		
Relative/Friend			
Financial Aid	Indicate total amount received for Spring 2008, Summer 2008 and/or Fall 2008		
Scholarships			
*Total Income for 2008:			

*Income reported must be greater than or equal to expense amounts.

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10. Complete the charts below using **PROJECTED AMOUNTS FOR 2009**.

Expenses	2009 Monthly Expenses	Months incurred (write in # of months if less than 12)	Total
Home mortgage/Rent		12	
Utilities		12	
Food		12	
Household Supplies		12	
Clothing		12	
Childcare		12	
Vehicle payment		12	
Vehicle maintenance/gas		12	
Vehicle insurance		12	
Health insurance		12	
Credit card payments		12	
Miscellaneous		12	
Tuition and Fees	Indicate total amount for Spring 2009, Summer 2009 and/or Fall 2009		
Books			
On-campus housing			
Total Expenses for 2009:			

Sources of Income	2009 Monthly Amount Received	Months Received (write in # of months if less than 12)	Total
Welfare		12	
Food Stamps		12	
WIC		12	
TANF		12	
Social Security		12	
Childcare Assistance		12	
Child Support		12	
Housing Assistance		12	
Other: _____		12	
Work Income	Indicate total amount to be received in 2009		
Relative/Friend			
Financial Aid	Indicate total amount to be received for Spring 2009, Summer 2009 and/or Fall 2009		
Scholarships			
*Total Income for 2009:			

*Income reported must be greater than or equal to expense amounts.

By signing this statement, I certify that all information on this form is complete and correct. I also understand that the financial aid staff reserves the right to request any additional documentation deemed necessary and understand that if all documentation requested is not submitted, the student's dependency status will not be reviewed. ***If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature: _____ Date: _____