

Office of Enrollment Management

Financial Aid & Scholarships

2018 -2019 PARENT HOUSEHOLD STATEMENT

Student's Name:	tudent's Name: LSU ID: 89			
List the people in your <u>parents</u> (Please use only black or blue inl			g:	
• yourself				
	r responsible	parent. If both paren	rent is widowed or single, divorced or ts live together but are not married, in nd stepparent.	
	rovide more t	han half of their supp	or parents(s) if : port from July 1, 2018 through June 30 prormation when applying for Federal	
			from a physician on letterhead is requi will be removed from the household.	
			rents provide more than half of their s rough June 30, 2019; and your parent	
NOTE: If someone other the IRS tax return. If your parer listed on this form.	an an immed at does not fi	iate family member i le a federal income t	is listed, you should attach a copy of ax return, no one other than immedia	your parent's 2016 or 2017 ate family members may be
	ig college at l	east half-time between	ume of the college for any household ren July 1, 2018 and June 30, 2019, and attach a separate page.	
l name of household member	Age	Relationship to student	Name of college attending during 2018-2019 academic year	Is the individual enrolled in college during the 2018-2019 academic year enrolled at least half time? Yes or No
By signing this statement, we	certify that a	all information on thi	is form is complete and correct. *If y be sentenced to jail, or both.	ou purposely give false or
Note: Electronic signatures w			, be semenced to jan, or both.	
Student's Signature		•	Data	
Student's Signature			Date	

_____ Date _____

Parent's Signature ___