



Office of Enrollment Management
Financial Aid & Scholarships

2018-2019 REVIEW OF INDEPENDENT STATUS

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

When completing the 2018-2019 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 between July 1, 2018 and June 30, 2019.
- You have other dependents who live with you and who receive more than half of their support from your, now and through June 30, 2019.

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 2018-2019 academic year.

Please use blue or black ink only when completing this document.

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

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

2. Where do you currently live?

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

3. Where will you live from July 1, 2018 through June 30, 2019?

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

4. Where does your dependent currently live?

☐ On campus ☐ Off Campus with a parent or relative ☐ Off campus with me

5. Where will your dependent live from July 1, 2018 through June 30, 2019?

☐ On campus ☐ Off Campus with a parent or relative ☐ Off campus with me

6. 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, 2018 through June 30, 2019.



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7. Did you file a federal income tax return for 2016?

_____ Yes - You **must** attach a copy of your IRS Tax Transcript

_____ No - List all sources of income received from work in 2016. You **must** attach all w-2 forms.

Earned Income From Work

Amount Received

8. List all sources of income received from work in 2016.

Earned Income From Work

Amount Received

9. What is your anticipated earned income from work in 2018? Attach a copy of your most recent check stub or letter from your future employer indicating start date and rate of pay.

10. Who claimed your dependent(s) on their 2016 federal income tax return?

☐ You

☐ Your parents

☐ Other _____

11. Next to each item, list the monthly amount of the expense incurred for yourself and your dependent(s) for July 1, 2018 through June 30, 2019.

	Home Mortgage/Rent	Utilities	Food	Household Supplies	Clothing	Childcare	Vehicle Payment	Vehicle Maintenance	Vehicle Insurance	Health Insurance	Credit Card Payments	Miscellaneous
July 2017												
Aug 2017												
Sept 2017												
Oct 2017												
Nov 2017												
Dec 2017												
Jan 2018												
Feb 2018												
Mar 2018												
Apr 2018												
May 2018												
June 2018												
Total '18-'19												

Total '19-'20 Yearly Expenses



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12. Next to each item, list the semester expenses incurred for yourself for Summer 2018, Fall 2018, and Spring 2019.

	Tuition and Fees	Books	On-Campus Housing
Summer 2018			
Fall 2018			
Spring 2019			
Total '18-'19			

13. Next to each item, list the monthly amount of income received for yourself and your dependent(s) for July 1, 2018 through June 30, 2019. ***Income reported must be greater than or equal to expense amounts.**

	Welfare	Food Stamps	WIC	TANF	Social Security	Childcare Assistance	Child Support	Housing Assistance	Work Income	Relative or Friend	Other: _____
July 2018											
Aug 2018											
Sept 2018											
Oct 2018											
Nov 2018											
Dec 2018											
Jan 2019											
Feb 2019											
Mar 2019											
Apr 2019											
May 2019											
June 2019											
Total '18-'19											

Total '18-'19 Yearly Income	
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14. Next to each item, list the estimated semester financial aid & scholarships to be received for Summer 2018, Fall 2018, and Spring 2019.

	Financial Aid	Scholarships
Summer 2018		
Fall 2018		
Spring 2019		
Total '18-'19		

By signing this statement, I certify the 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.**

Note: Electronic signatures will not be accepted.

Student's Signature: _____ Date: _____