



Office of Enrollment Management
Financial Aid & Scholarships

2018-2019 STUDENT HOUSEHOLD STATEMENT

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

List the people in your household. Include the following:
(Please use only black or blue ink when completing this document.)

- yourself and your spouse, if applicable
- your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019
- unborn children that are due before June 30, 2019 (A letter from a physician on letterhead is required with the unborn child's due date. If documentation is not provided, the unborn child will be removed from the household.)
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019; **and** you claim them on your federal income tax return.

NOTE: If someone other than an immediate family member is listed, you should attach a copy of your/your spouse's 2016 or 2017 IRS tax return. If you do not file a federal income tax return, no one other than immediate family members may be listed on this form.

Write the names of all household members. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. If you need more space attach a separate page.

| Full 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 |
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By signing this statement, we certify that all information on this form is complete and correct. ***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 _____

Spouse's Signature _____ Date _____