Child/Legal Dependents Worksheet

INSTRUCTIONS: In general, students under the age of 24 are Dependent Students, meaning they must provide parent income information on the FAFSA. You are currently Independent only because you said “YES” to the FAFSA question about providing the majority of support your own children or legal dependents other than your children and/or spouse. To verify that your dependency status for financial aid is correct, please provide the information requested below. Failure to respond promptly will delay processing of your financial aid (CFR Title 34, Part 668). Note: Additional documentation may be required.

PLEASE NOTE: If you have children or if other people live with you but you are not personally providing the MAJORITY of their support then your FAFSA is incorrect and you must return to your saved FAFSA and correct your dependency status and have your parents add their parental information and sign the FAFSA.

Student Name:       LU Student ID:

PLEASE REVIEW EACH SECTION BELOW, SELECT THE RESPONSE THAT APPLIES TO YOUR SITUATION.

SECTION A: Dependency Questions – please select the response below that applies to your situation.

☐ I do not have a child/dependent for whom I provide more than half of their support. Skip to C.

☐ I do have a child for whom I provide for more than half of their support. Proceed to B and attach a copy of the child’s birth certificate.

☐ I do have a legal dependent other than my own child/spouse. Do not include foster children. Proceed to B and attach official legal/court documentation showing the individual is your legal dependent.

SECTION B: Family Information

List below information regarding children/legal dependent(s) for which you will provide more than half the support from July 1 of the aid year through June 30 of the following year. Support can be in the form of housing, food, medical/dental care, childcare, your income, or from state/federal programs, such as WIC, food stamps, or from child support you pay or receive.

<table>
<thead>
<tr>
<th>Full Name of Child/Dependent</th>
<th>Age</th>
<th>Relationship to You</th>
<th>Source of Support YOU Receive or Pay and the Approximate Value (list each item separately)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) Janet Rogers</td>
<td>(Ex.) 3</td>
<td>(Example) Daughter</td>
<td>Include all sources with amounts for each: (Example: Income $500/month, SNAP $250/month, Child Support Received $100/month)</td>
</tr>
</tbody>
</table>

If additional space is needed please attach a separate sheet, provide the same information as above, and include your own name and student ID number.

UPON REQUEST BY OUR OFFICE, PLEASE BE PREPARED TO SUBMIT DOCUMENTATION OF OR RELATED TO THE RESOURCES LISTED.

SECTION C: I certify that the information on this form is complete and correct. Please sign only with your original signature.

STUDENT SIGNATURE   DATE   PHONE NUMBER

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.