Name: ____________________________  Other Dependents Form

Student ID: ________________________  Aid Year: ________

This form is required if you (or your parents if applicable) indicated that you have dependents who live with you and who receive more than half of their support from you, now and through the duration of the specified financial aid year. These dependents must be eligible to be your tax dependent. (I.e. Biological child; adopted child or child placed with you for adoption; stepchild; grandchild; legal ward, testamentary, or court appointment guardianship; other dependent child relative; etcetera.)

- If you are supporting legal dependents, other than your biological children, please attach a written statement in addition to any documentation of why you are supporting the person(s) and provide an explanation as to why the child is not with his/her natural or adopted parents. Simply residing in the same household is not a viable reason(s) and you may be required to update your FAFSA and/or complete other verification requirements. If you are supporting biological children and earn a minimum of $4,000 per household member via reported tax information, please complete this form, submit this document along with a copy of the dependent’s birth certificate and a written statement including your signature/date stating that you are the child’s biological parent.

- If the dependent(s) is not a minor child, you must attach a written statement of why the person is not supporting themselves as well as provide proof of any income that he/she may be receiving such as social security, W-2 Form(s) and/or Wage & Income Transcript, Tax Transcript, and/or Verification of Non – Filing Letter if taxes were not filed. Simply residing in the same household is not a viable reason(s) and this form will be denied.

You may email your documents to financialaid@lamar.edu , however, we will only accept them if they are sent from your Lamar Student email account. This will save you time and effort. Electronic signatures are not accepted.

* Please note that if you have not initially been selected to complete the verification process, you may be required to do so. Additional documentation may be required if requested by the Office of Student Financial Assistance for verification of household.

Section A

Family Household Information

How many people are in your household?

- Yourself
- Your spouse if married
- Your children or other dependents if they live with you and you will provide more than half their support between July 1, 2015 and June 30, 2016

<table>
<thead>
<tr>
<th>Name of Household Member and/or Dependent</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>Name of College 2015-16</th>
<th>Previous Year Tax Return Filed?</th>
<th>Yes/No (Attach Copy)</th>
<th>Current Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
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</tr>
</tbody>
</table>

**Attach an additional sheet with name, age, and relationship, if there are more than 6 members in your household**

Will the person(s) listed above receive the income throughout the entire aid year? _____ Yes _____ No

How long have you been supporting the person(s) above? ____________________

Do you receive financial assistance for caring for the minor child? _____ Yes _____ No

If so please list monthly amount received. $ ____________________
Student Name ___________________________   LU ID Number ___________________________

**Section B**

Please list below the monthly expenses for the person(s) you are supporting: Attach separate sheet if needed.

<table>
<thead>
<tr>
<th>EXPENSE TYPE</th>
<th>MONTHLY AMOUNT</th>
<th>AMOUNT PAID BY YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Transportation</td>
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<tr>
<td>4. Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other (cell phone, bills, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C**

**Initial the following:**

I solemnly affirm that the foregoing is true and accurate. I understand that willful falsification of information contained in this form can result in referral of the matter for investigation as well as adjustments and/or cancellation of my financial aid award(s).

I understand that I will be responsible for all fines, fees, penalties and/or adjustments that I may incur if I provide incorrect information.

I certify that the information provided is true and complete to the best of my knowledge.

I understand that I am responsible for reading disclosures in the Student Financial Aid Handbook available online at www.lamar.edu/financialaid.

I certify that I _____________________________ am the individual signing this Other Dependents Form (Print student name) and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending LAMAR UNIVERSITY for 2015-2016.

_________________________________________    _______________
Student’s Signature                        Date

**Notary’s Certificate of Acknowledgement**

State of ______________________ City/County of ____________________________

On____________________, before me, ________________________________________,
(Date) (Notary’s name) personally appeared, ____________________________, and provided to me
(Printed name of signer) on basis of satisfactory evidence of identification ____________________________
(Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(Seal)

_________________________________________    ____________________________
(Notary signature)