



SCHOLARSHIPS & FINANCIAL AID LAMAR UNIVERSITY

Return To: Office of Scholarships & Financial Aid
Office: Wimberly Building Room 200
Mail: P.O. Box 10042, Beaumont, TX 77710
Fax: 409-880-8934 --- Mon-Fri, 8 am to 5 pm only
Email PDF *from LU Email: Financialaid@lamar.edu

Other Dependents Worksheet

Office Use Only
ODEPW

INSTRUCTIONS: This form is being requested because you (or your parent(s) 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. Additionally, you must be providing the majority of the individual(s) support and they must be living with you/your parent(s). **For example, if your grandfather lives in your home and also receives Social Security Benefits and provides the majority of his own support using these benefits then you cannot list him in your household for FAFSA purposes because you are not providing the majority of his support.**

PLEASE NOTE: If other people live with you (or your parents if applicable) but you or your parents are not personally providing the MAJORITY of their support then your FAFSA is incorrect and you must correct the Household Size Section of the Verification Worksheet before you will be reviewed for financial aid awards.

➔ **Student Name:**

LU Student ID:

SECTION A: OTHER DEPENDENTS INFORMATION

List below information regarding dependents other than your children/stepchildren or your spouse who live with you and for whom you will provide more than half their support from July 1 of the aid year through June 30 of the following year. **Do not list foster children.**

| Full Name of Dependent | Age | Relationship to You | Who Claimed the Person on Taxes |
|------------------------|-----|---------------------|--|
| (Example) Janet Rogers | 3 | Niece | EXAMPLE ONLY <input type="checkbox"/> - Student <input checked="" type="checkbox"/> - Parent <input type="checkbox"/> - No One <input type="checkbox"/> - Claimed Self <input type="checkbox"/> - Other (list) _____ |
| | | | <input type="checkbox"/> - Student <input type="checkbox"/> - Parent <input type="checkbox"/> - No One <input type="checkbox"/> - Claimed Self <input type="checkbox"/> - Other (list) _____ |
| | | | <input type="checkbox"/> - Student <input type="checkbox"/> - Parent <input type="checkbox"/> - No One <input type="checkbox"/> - Claimed Self <input type="checkbox"/> - Other (list) _____ |
| | | | <input type="checkbox"/> - Student <input type="checkbox"/> - Parent <input type="checkbox"/> - No One <input type="checkbox"/> - Claimed Self <input type="checkbox"/> - Other (list) _____ |

If additional space is needed please attach a separate sheet, provide the same information as above, and include student name and ID number.
UPON REQUEST, PLEASE BE PREPARED TO SUBMIT DOCUMENTATION RELATED TO THE SUPPORT OF THE INDIVIDUAL(S) LISTED ABOVE.

SECTION B: WRITTEN STATEMENT REQUIREMENT TO BE ATTACH TO THIS FORM

IF THE PERSON LISTED ABOVE IS A LEGAL ADULT:

Attach a DETAILED statement explaining why the individual listed above is not providing the majority of support for his or herself, how long he or she has been living in the home, and other information that helps to explain the situation regarding the individual's support. You must also explain the annual source and amounts of income this individual receives, if any. Examples of support include SNAP Benefits, wages, Social Security, etc. If more than one individual is listed you must explain the situations for each person separately. Upon request, be prepared to submit documentation of support for each individual listed. Please include the student name and LU ID number on each statement. **BOTH the person providing the support (you or your parent) and the person receiving the support (the individual listed above) must SIGN the statement. If the person receiving support is unable to sign then their Power of Attorney may sign in their place.**

IF THE PERSON LISTED ABOVE IS A MINOR CHILD:

Attach a DETAILED statement explaining why the individual(s) listed above is not residing with his or her biological or adoptive parents, how long the individual(s) has been living in the home, and other information that helps to explain the situation regarding the individual(s) support. You must also explain the annual source and amounts of assistance received for the care of the child/children. Examples of support include SNAP Benefits, WIC, Social Security, etc. Please be sure to specify the situation for each child listed or be sure to specify that the situation is the same for each child. Upon request, be prepared to submit documentation of support for each child listed. **The person providing the support must SIGN this statement.**

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 _____

PARENT SIGNATURE (required if student is Dependent) _____ DATE _____

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