

Please return this form to: Louisiana Tech University Office of Financial Aid P.O. Box 7925 Ruston, LA 71272

2022-2023 Verification of Social Security Benefits Independent Student

Important Notes:

Please list the amount of **untaxed** social security benefits (including Supplemental Security Income) that you (and spouse, if married) received in 2020. Be sure to include the amounts that you received on behalf of your children. Please be aware that documentation of the amounts listed below may be requested at a later date.

children. Please be aware that documentation of the amounts listed below may be requested at a later date.				
Last Name: First Name:		Tech CWID#	or SSN:	
STUDENT				
\$ Amount Per Mon	th X N	lumber of Months	=] = [\$ Total Received in 2020
SPOUSE				
\$ Amount Per Mon	th X N	lumber of Months	=	\$ Total Received in 2020
3 Amount Fel Mon	x	idiliber of Molicus] = [\$ Total neceived III 2020
Certification: By signing this form, I(we) certify that all the information reported to qualify for Federal Financial Aid is complete and correct. This verification documentation supersedes any previous forms completed.				
complete and correct. T	nis verification docur	nentation supersedes a	ny previou	is forms completed.
Student Signature:			Date	
Spouse Signature: (optional)			Date	