

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

Proof of Dependent(s) Form 2023-2024

Students who are unmarried and under 24 years old but reported having dependents (in their household) on their Free Application for Federal Student Aid (FAFSA) must prove that they provide at least 50% of their dependents support to qualify as an Independent student. Please answer ALL questions carefully and attach sufficient documentation to support your claim. Forms submitted without proper documentation will be considered incomplete until documentation has been received. If you are unable to prove that you provide 50% of the support of your dependent, you will be considered a Dependent student and be required to correct your FAFSA using your parent's information.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN
STUDENT'S Mailing Address (include Apt. No.)			STUDENT'S Date of Birth (MM/DD/YYYY)
City	State	Zip Code	STUDENT'S Home Phone (Include area code)
STUDENT'S Email Address			STUDENT'S Cell Phone (Include area code)

Dependents are people who you will support between July 1, 2023 and June 30, 2024. Include your children if they receive MORE THAN HALF of their support from you. Include other people only if they meet the following criteria:

- they now live with you, and
- they now receive more than half of their support from you, and they will continue to
- receive this support from you between July 1, 2023 and June 30, 2024.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses. You must provide documentation such as receipts to substantiate your claim of support for the persons listed below as dependents

 Please list below the names and ages of YOUR dependents and their relationship to you. You must attach legal documentation of their relationship to you (e.g. Birth Certificate, Legal Guardianship, etc.)

Name	Age	Relationship

2. Do you work or receive an income? Yes No

If "Yes", please report the source of the income and the amount received per month.

- 3. Who takes care of your child while you are in class or at work?
- 4. Do you (the student) live: With Parents On-Campus **Dorm Name**

If, Other please explain Other

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6. Was your depender Yes No	ent claimed by anyone other than you (the st	udent) on the 2021 Tax Return?
If 'Yes', please list the	name of that person and their relationship t	o you, the student:
Please provide a c	copy of your 2021 Tax Return Transcript	
recent payroll check st	ces of support. You must attach supporting stub, SNAP verification, cancelled checks or any assistance provided by your parents, p	other proof of child support paid, WIC pro-
received. The Office of		will not be processed until all information is additional documentation to determine your
Certification: All of the best of my knowledge.	e information on this form and supporting do e.	cumentation are true and complete to the
Student Signature:		Date:
Student Signature: For Office Use Only:		Date:
	Denied	Date:
For Office Use Only:	Denied	Date:
For Office Use Only: Approved	Denied	Date:
For Office Use Only: Approved	Denied	Date:

Yes

Date:

No

5. Were you (the Student) claimed by your parent(s) on their 2021 Tax Return?

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Financial Aid Signature: