



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Verification of Social Security Benefits

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

Dependent Student

IMPORTANT NOTES:

Please list the amount of **untaxed** social security benefits (including Supplemental Security Income) that you and your parent(s) received in 2021. 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.

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

STUDENT				
Amount per Month	X	Number of Months	=	Total Received in 2021
	X		=	

PARENT(S)				
Amount per Month	X	Number of Months	=	Total Received in 2021
	X		=	

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. *(At least one parent must sign)*

Student Signature:

Date:

Parent Signature:

Date: