



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 2026-2027

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 dependent's 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 whom you will support between July 1, 2026 and June 30, 2027. 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, 2026 and June 30, 2027.

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:

1. 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

Other If, Other please explain

5. Were you (the Student) claimed by your parent(s) on their 2024 Tax Return? Yes No
6. Was your dependent claimed by anyone other than you (the student) on the 2024 Tax Return?
 Yes No

If 'Yes', please list the name of that person and their relationship to you, the student:

Please provide a copy of your 2024 Tax Return Transcript

7. Please list all sources of support. You must attach supporting documents (examples include copy of most recent payroll check stub, SNAP verification, cancelled checks or other proof of child support paid, WIC program eligibility notice, any assistance provided by your parents, proof of daycare payments, etc).

Incomplete forms or forms received without proper documentation will not be processed until all information is received. The Office of Financial Aid reserves the right to request additional documentation to determine your status. All documentation must be received within two weeks.

Certification: All of the information on this form and supporting documentation are true and complete to the best of my knowledge.

Student Signature:

Date:

For Office Use Only:

Approved

Denied

Comments:

Financial Aid Signature:

Date: