

Office of Financial Aid & Scholarships

2023-2024 REVIEW OF INDEPENDENT STATUS

Student's Name: _____

LSU ID: 89 - _____-

| • Our offi support incorrec | You have children who re 30, 2024. You have other depended now and through June 30 ce is requesting the following a dependent. DO otly on the FAFSA, please | eceive more to this who live vol., 2024. Wing informate NOT LEAVE submit a sign | on for Federal Student Aid, you indicated than half of their support from you betwith you and who receive more than half tion to evaluate your independent statu ANY QUESTION BLANK. If you feel you statement indicating that you wish use use blue or black ink only when comp | ween July 1, 2023 f of their support for the | and June rom your, financially question ependent |
|--------------------------------------|---|---|--|---|--|
| 1. | List the names, ages and a copy of the birth certific | | to your dependents. If the dependent is | your child, you m ı | ust attach |
| Name | | | Age | Relationship | |
| | | | | | |
| 2. | Where do you currently I | ive? | | | Off |
| | □ On campus | | Off Campus with parent or relative | | Off campus on my own |
| 3. | Where will you live from | July 1, 2023 t | hrough June 30, 2024? | | |
| | □ On campus | | Off Campus with parent or relative | | Off campus on my own |
| 4. | Where does your depend | lent currently | live? | | |
| | □ On campus | | Off Campus with a parent or relative | | Off campus with me |
| 5. | Where will your depende | ent live from J | uly 1, 2023 through June 30, 2024? | | |
| | □ On campus | | Off Campus with a parent or relative | | Off campus with me |
| 6. | | - | made while you are in class? Attacl | | |
| 7. | Did you file a federal inco | n a copy of yo | | ch all w-2 forms. | |

Amount Received



Office of Enrollment Management

| Earned Inco | me From W | ork | | | | | | | | | _ | |
|-----------------------|-----------------------|------------|-----------|------------------------|----------|-----------|-----------------|------------------------|-------------------|------------------|-------------------------|---------------|
| 8. List a | ill sources o | | ceived fr | om work | in 2021 | | Amoun | t Receive | ed | | - | |
| | t is your an | | | | | | | | our most | recent c | - heck stul | b |
| 10. Who | claimed yo | ur depende | | their 202 our parer | | l income | tax retur | n? | Other _ | | | |
| | to each ite | | - | | of the e | expense i | ncurred 1 | for yours | self and y | your dep | endent(s | ·) |
| | Home Mortgage/Rent | Utilities | Food | Household Supplies | Clothing | Childcare | Vehicle Payment | Vehicle Maintenance | Vehicle Insurance | Health Insurance | Credit Card Payments | Miscellaneous |
| July 2023 | | | | | | | | | | | | |
| Aug 2023 | | | | | | | | | | | | |
| Sept 2023 | | | | | | | | | | | | |
| Oct 2023 Nov 2023 | | | | | | | | | | | | |
| Dec 2023 | | | | | | | | | | | | |
| Jan 2024 | | | | | | | | | | | | |
| Feb 2024 | | | | | | | | | | | | |
| Mar 2024 | | | | | | | | | | | | |
| Apr 2024 | | | | | | | | | | | | |
| May 2024 June 2024 | | | | | | | | | | | | |
| Total '23-'24 | | | | | | | | | | | | |

Total '23-'24 Yearly Expenses



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12. Next to each item, list the semester expenses incurred for yourself for Summer 2023, Fall 2023, and Spring 2024.

| | Tuition and Fees | Books | On-Campus Housing |
|---------------|------------------|-------|-------------------|
| Summer 2023 | | | |
| Fall 2023 | | | |
| Spring 2024 | | | |
| Total '23-'24 | | | |

13. Next to each item, list the monthly amount of income received for yourself and your dependent(s) for July 1, 2023 through June 30, 2024. *Income reported must be greater than or equal to expense amounts.

| | Welfare | Food Stamps | WIC | TANF | Social Security | Childcare Assistance | Child Support | Housing Assistance | Work Income | Relative or Friend | Other: |
|---------------|---------|-------------|-----|------|-----------------|-------------------------|---------------|-----------------------|-------------|-----------------------|--------|
| July 2023 | | | | | | | | | | | |
| Aug 2023 | | | | | | | | | | | |
| Sept 2023 | | | | | | | | | | | |
| Oct 2023 | | | | | | | | | | | |
| Nov 2023 | | | | | | | | | | | |
| Dec 2023 | | | | | | | | | | | |
| Jan 2024 | | | | | | | | | | | |
| Feb 2024 | | | | | | | | | | | |
| Mar 2024 | | | | | | | | | | | |
| Apr 2024 | | | | | | | | | | | |
| May 2024 | | | | | | | | | | | |
| June 2024 | | ` | | | | | | | | | |
| Total '23-'24 | | ` | | | | | | | | | |

| Total '23-'24 Yearly Income |
|-----------------------------|
|-----------------------------|



Office of Enrollment Management

14. Next to each item, list the estimated semester financial aid & scholarships to be received for Summer 2022, Fall 2022, and Spring 2023.

| | Financial Aid | Scholarships |
|---------------|---------------|--------------|
| Summer 2023 | | |
| Fall 2023 | | |
| Spring 2024 | | |
| Total '23-'24 | | |

By signing this statement, I certify the all information on this form is complete and correct. I also understand that the financial aid staff reserves the right to request any additional documentation deemed necessary and understand that if all documentation requested is not submitted, the student's dependency status will not be reviewed. *If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

| Note: Electronic signatures will not be accepted. You must print to sign. | |
|---|-------|
| Student's Signature: | Date: |