

Office of Enrollment Management

2019-2020 STUDENT HOUSEHOLD STATEMENT

Student's Name:	Student's Name:			LSU ID: 89	
List the people in your (Please use only black or blue					
 yourself and your sp 	ouse, if appli	cable			
• your children, if you	u will provide	more than half of the	eir support from July 1, 2019 through	June 30, 2020	
			letter from a physician on letterhead i ded, the unborn child will be removed		
	nalf of their su		de more than half of their support and 019 through June 30, 2020; and you of		
NOTE: If someone of spouse's 2017 or 2018 family members may	other than an 8 IRS tax retu be listed on th	immediate family ran. If you do not file is form.	nember is listed, you should attach e a federal income tax return, no one	a copy of your/your other than immediate	
member, excluding you	ir parent(s), w	ho will be attending	o write in the name of the college for college at least half-time between Jul tificate program. If you need more s	y 1, 2019 and June	
Full name of household member	Age	Relationship to student	Name of college attending during 2019-2020 academic year	Is the individual enrolled in college during the 2019-202 6academic year enrolled at least half-time? Yes or No	
By signing this stateme give false or misleadin	ent, we certify g informatio	y that all information n on this worksheet	n on this form is complete and correct, you may be fined, be sentenced to	ct. *If you purposely jail, or both.	
Note: Electronic signa	tures will not	be accepted.			
Student's Signature	nt's Signature Date				
Snouse's Signature	Date				