

2021-2022 REVIEW OF INDEPENDENT STATUS

Student's Name:

LSU ID: 89 - _____ - ____

Our off depend request decision LEAVE A signed s	You have children who read 30, 2022. You have other dependent now and through June 30, ice is requesting the followent. This review is in additional to the information is for a has been reached, you wany QUESTION BLANK. If you	ts who live with you and 2022. The wing information to exit on to the processing time warded to a committee till receive an email notification feel you answered the proceed as a	al Student Aid, you indicated their support from you between who receive more than half of a valuate your independent size of other verification documentate will evaluate your defication at the address you his question incorrectly on the aument.	of their support from their support from their support from the status based on ments that may he pendency status. provided above, the FAFSA, please	and June om your, having a ave been Once a DO NOT submit a
1.	List the names, ages and r a copy of the birth certifica		ndents. If the dependent is y	our child, you mu	st attach
Name			Age	Relationship	
2.	Where do you currently liv	re?			Off campus on my
	□ On campus	□ Off Campus	with parent or relative		own
3.	Where will you live from Ju	uly 1, 2021 through June	30, 2022?		0,11
	□ On campus	□ Off Campus	with parent or relative		Off campus on my own
4.	Where does your depende	ent currently live?			
	□ On campus	□ Off Campus	with a parent or relative		Off campus with me
5.	Where will your dependen	it live from July 1, 2021 th	nrough June 30, 2022?		
	□ On campus	□ Off Campus	with a parent or relative		Off campus with me
6.	•	· · · · · · · · · · · · · · · · · · ·	you are in class? Attach se you will incur for these		
7.	Did you file a federal incon	ne tax return for 2019?			
		a copy of your IRS Tax Tra	·		
	No - List all sources of	income received from wo	ork in 2019. You must attach	n all w-2 forms.	



Earned Inco	me From W	'ork					Amoun	t Receive	ed		_	
8. List all sources of income received from work in 2 Earned Income From Work							Amoun	t Receive	ed		-	
or le	t is your an tter from yo claimed yo	our future e	mployer	indicatir	ng start d	ate and r	ate of pa	y.	our most	recent c	- heck stul	0
□ Yo	ou		□ Y	our pare	nts				Other			
	to each ite		-		of the e	expense i	ncurred	for yours	self and y	our dep	endent(s)
	Home Mortgage/Rent	Utilities	Food	bld	Clothing	Childcare	Vehicle Payment	Vehicle Maintenance	Vehicle Insurance	Health Insurance	Credit Card Payments	Miscellaneous
July 2021												
Aug 2021												
Sept 2021												

	_			>	Š	I	_
July 2021							
Aug 2021							
Sept 2021							
Oct 2021							
Nov 2021							
Dec 2021							
Jan 2022							
Feb 2022							
Mar 2022							
Apr 2022							
May 2022							
June 2022							
Total '21 '22							

Total '21-'22 Yearly Expenses	
Total 21-22 Yearly expenses	

12. Next to each item, list the semester expenses incurred for yourself for Summer 2021, Fall 2021, and Spring 2022.



	Tuition and Fees	Books	On-Campus Housing
Summer 2021			
Fall 2021			
Spring 2022			
Total '21-'22			

13. Next to each item, list the monthly amount of income received for yourself and your dependent(s) for July 1, 2021 through June 30, 2022. *Income reported must be greater than or equal to expense amounts.

14.

14.	Welfare	Food Stamps	WIC	TANF	Social Security	Childcare Assistance	Child Support	Housing Assistance	Work Income	Relative or Friend	Other:
July 2021											
Aug 2021											
Sept 2021											
Oct 2021											
Nov 2021											
Dec 2021											
Jan 2022											
Feb 2022											
Mar 2022											
Apr 2022		`									
May 2022											
June 2022											-
Total '21-'22											

Total '21-'22 Yearly Income	
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15.	Next to each item	n, list the	estimated	semester	financial	aid 8	& scholarships	to	be received	for	Summer
	2021, Fall 2021, ar	nd Spring 2	2022.								

	Financial Aid	Scholarships
Summer 2021		
Fall 2021		
Spring 2022		
Total '21-'22		

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.	
Student's Signature:	Date: