LEGAL DEPENDENT VERIFICATION 2024-2025

You reported on the FAFSA that you are independent by having a dependent who will receive more than half of their support from you during the 2024-2025 academic year. Note: Submitting this form does not automatically make you an independent student. Your documentation will be reviewed by the Financial Aid Appeals Committee for a final decision.

A. STUDENT INFORMATION	(1900 1900 1900 1900 1900 1900 1900 1900 1900	ti-Hallallallallallallallallallallallallall	tte Hedie Hedie Hedie Hedie Hedie Hedie Hedie Hedie Hedie
Student Name	LincolnU ID#	<u> </u>	Cell Phone #	Lincoln	U Email
B. DEPENDENT INFORMATION	DN .				
Please check one of the following: I have a child who will receive more I have a dependent (other than a chi through June 30, 2025.	than half of their support from ild or spouse) who will receive	me between July 1, 2024 more than half of their su	and June 30, 202 apport from me bet	25. ween July 1, 2024	
Complete the chart below for those th	nat will receive more than ha	If of their support from	your between Ju	ly 1, 2024 through June	20, 2025
NAME OF DEPENDENT	RELATIONS	HIP DA	TE OF BIRTH	WILL THIS PERSON	
				(_ YES	C _ NO
				[_iYES	[_i NO
				[_iYES	CINO
				[_iYES	(_i NO
				[_iYES	[_i NO
If no, who claimed (or will claim) the 3. Where do you currently live? 4. Are you currently employed? If no, explain how you support the de	ON-CAMPUS				
5. How much did you earn (annually)	in 2022 ?	In 2023 ?			
6. Expected earnings for 2024?		-			
	ne dependent(s) in 2022?	[_] YES [_]	NO		
7. Did you receive child support for the	,				
7. Did you receive child support for the sear?					

C. 2023 EXPENSES **LU STUDENT ID#**

Report your monthly expenses for the 2023 year and how they were paid. In column you should list:

- 1. Name of Person and Relationship to you of person who paid the expense or provided the item for you OR
- 2. Name of the Agency who paid the expense or provided the item for you OR
- 3. Self if you paid the expense without outside assistance

EXPENSE TYPE	MONTHLY AMT.	WHO PAID THE EXPENSE
HOUSING	\$	
UTILITIES	\$	
FOOD	\$	
CLOTHING	\$	
TRANSPORTATION	\$	
MEDICAL	\$	
PERSONAL	\$	
CHILD CARE	\$	
TOTAL:	\$	

D. SUPPORTING DOCUMENTATION

Submit the following documents, if applicable. These are suggested items that may help us make a determination regarding your dependency status. We reserve the right to ask for additional documentation verifying support.

- Legal court documents
- Health Insurance Card in your name for the dependent(s)
- Documentation of housing (lease/utility bill/etc.) showing dependent(s) in household
- Occupancy permit including dependent(s)
- Day care provider information and documentation of payments made by you for the dependent(s)
- Documentation of TANF/WIC/SNAP or other federally subsidized programs in your name for the dependent(s)
- Documentation of child support received/paid

PLEASE BE ADVISED: If the student is receiving support to raise his/her child, is the child still considered a legal dependent? If one or both of the student's parents are directly or indirectly providing more than 50% support in cash or other assistance to the child, then the student would answer "No" to the FAFSA question about legal dependents. "Indirect support" to the child includes support that a parent gives to the student on behalf of the child. If the student is living with a parent who is paying for most of the household expenses, the parent would usually be considered the primary source of support to the child, and the student would answer "No" to the question about legal dependents. However, there may be some cases where the student can demonstrate that she provides more than half of her child's support even while living at home, in which case she would answer "Yes" to the question about legal dependents.

E. STUDENT SIGNATURE & CERTIFICATIONS	
Please select one of the following:	
DO provide at least 51% of support for the dependent(s) listed on this form and have attached documentation of support	
DO NOT provide at least 51% of support for the dependent(s) listed on this form and have attached documentation of support. I understand that I must visit fat and update my 2024-2025 FAFSA to include my parent(s) biographical and financial information.	sa.gov
Student Signature: Date:	
Please submit this form in person, or by mail, fax or email	