LEGAL DEPENDENT VERIFICATION 2021-2022

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 2021-2022 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				
Student Name	LincolnU ID#	Cell Phone #	LincolnU _i Email	
B. DEPENDENT INFORMATION	<u> </u>		<u> </u>	
Please check one of the following: I have a child who will receive more than half of the chart bar a child or spouse through June 30, 2022. Complete the chart below for those that will receive more than a child or spouse.	se) who will receive more than half	of their support from me between		
NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL THIS PERSON LIVE WITH	YOU?
			(_iYES (_iNO	
			[TIYES [TINO	
			[_iYES [_iNO	
			[_iYES [_iNO	
			[_iYES	
Please complete all questions below, the form 1. Did you claim the dependent(s) on your 2019 If no, who claimed the dependent? 2. Did/Will you claim the dependent(s) on your If no, who claimed (or will claim) the dependent 3. Where do you currently live? 4. Are you currently employed? 4. Are you currently employed? 5. YES 1. If no, explain how you support the dependent(s)	Relationship to 2020 Federal Tax Return? Relationship to 2020 Federal Tax Return? Relationsh ON-CAMPUS	ES I NO dependent? YES I NO	IO WITH PARENTS	
5. How much did you earn (annually) in 2019?		In 2020 ?		
6. Expected earnings for 2021?				
7. Did you receive child support for the depend	ent(s) in 2019?	s [] NO		
If yes, how much for the year?				
8. Did you pay child support for the depen	. ,	res [_] no		
ii yes, now much for the year?				

C. 2020 EXPENSES **LU STUDENT ID#**

Report your monthly expenses for the 2020 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

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% o	of support for the dependent(s) listed on this form and h	ave attached documentation of support				
DO NOT provide at least 5° and update my 2021-202	1% of support for the dependent(s) listed on this form a 2 FAFSA to include my parent(s) biographical and fina	nd have attached documentation of support. I understand that I must visit fafsa.gov ncial information.				
Student Signature:	Date:					
Lincolr	Please submit this form in pers University Office of Student Financial Service	on, or by mail, fax or email ces ■ 820 Chestnut Street- Suite 103 Young Hall				