

2022-2023 REVIEW OF INDEPENDENT STATUS

Student's Name:

LSU ID: 89 - _____ - ____

Our off depend request decision LEAVE A signed s	You have children who re 30, 2023. You have other dependen now and through June 30, ice is requesting the followent. This review is in addited. The information is for has been reached, you wany QUESTION BLANK. If	ts who live with you and 2023. Towing information to cion to the processing th	eral Student Aid, you indicated of their support from you betwood who receive more than half of evaluate your independent some of other verification docuree that will evaluate your destification at the address you this question incorrectly on the adependent student for the socument.	of their support from tatus 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 racopy of the birth certific		pendents. If the dependent is y	our child, you mu	i st attach
Name			Age	Relationship	
2.	Where do you currently lin		us with parent or relative		Off campus on my own
3.	Where will you live from J	uly 1, 2022 through Jun	ne 30, 2023?		
	□ On campus	□ Off Camp	us with parent or relative		Off campus on my own
4.	Where does your depende	ent currently live?			
	□ On campus	□ Off Camp	us with a parent or relative		Off campus with me
5.	Where will your depender	nt live from July 1, 2022	through June 30, 2023?		
	□ On campus	□ Off Camp	us with a parent or relative		Off campus with me
6.		•	ile you are in class? Attach ense you will incur for these s		
7.	Did you file a federal incor	me tax return for 2020?)		
		a copy of your IRS Tax	·		
	No - List all sources of	income received from	work in 2020. You must attach	all w-2 forms.	



Earned Income From Work							Amount	t Receive	ed			
List all sources of income received from work in 2 Earned Income From Work				in 2020		Amoun	t Receive	ed				
9. What is your anticipated earned income from work in 2022? Attach a copy of your most recent chec or letter from your future employer indicating start date and rate of pay.									neck stuk)		
10. Who claimed your dependent(s) on their 2020 federal income tax return? □ You □ Your parents □ Other												
		em, list the through Jur			of the e	expense i	ncurred f	or yours	elf and y	our depe	endent(s)
	Home Mortgage/Rent	Utilities	Food	Household Supplies	Clothing	Childcare	Vehicle Payment	Vehicle Maintenance	Vehicle Insurance	Health Insurance	Credit Card Payments	Miscellaneous
July 2022												
Aug 2022												
Sept 2022												
Oct 2022												
Nov 2022												
Dec 2022												
Jan 2023 Feb 2023												
Mar 2023												
Apr 2023												
May 2023												
June 2023											_	
Total '22-'23												

Total '22-'23 Yearly Expenses



12. Next to each item, list the semester expenses incurred for yourself for Summer 2022, Fall 2022, and Spring 2023.

	Tuition and Fees	Books	On-Campus Housing
Summer 2022			
Fall 2022			
Spring 2023			
Total '22-'23			

13. Next to each item, list the monthly amount of income received for yourself and your dependent(s) for July 1, 2022 through June 30, 2023. *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 2022											
Aug 2022											
Sept 2022											
Oct 2022											
Nov 2022											
Dec 2022											
Jan 2023											
Feb 2023											
Mar 2023											
Apr 2023											
May 2023											
June 2023											
Total '22-'23											

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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 2022		
Fall 2022		
Spring 2023		
Total '22-'23		

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: