

Student Name:	
Student ID#:	

Federal regulations state that a person other than your spouse/child may be included as part of your household only if he/she lives with you (if you are an independent student) **or lives with your parent (s)** (if you are a dependent student), **AND you/your parent (s) will provide more than half of the person’s support through June 2025.** Your child does not need to be living with you, **but you do need to currently and continue to provide more than half of their support through June 2025.** Please answer the questions below and attach the information requested.

Name of Dependents:	Age(s):	Relationship to student:

Does this family/household member currently reside with you/your parent(s)?	Yes/No
If yes, will he/she continue to reside with you/your parent(s) through June 2025?	Yes/No
Do you/your parent(s) currently provide more than half of this person’s support? (Support includes housing, food, money, clothing, car, medical, etc.)	Yes/No
Will you/your parent(s) continue to provide more than half of this person’s support through June 2025?	Yes/No
Does the family/household member above receive Social Security, TANF, child support, disability or other financial assistance?	Yes/No
Do you/your parent(s) receive any funds from the family/household member listed above for things like rent, food, etc. or are you/your parent(s) paid anything on the person’s behalf by someone else such as social security, state funds, cash, foster care allowance?	Yes/No
Will the family/household member listed above attend college in 2024-2025? If yes, Where?	Yes/No

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for the dependent, please correct your FAFSA at www.fafsa.gov.

***Requires physical signature. Unsigned forms or those with digital /electronic/types signatures will be returned.**

Student Signature:	Date:
Parent Signature (if student is dependent):	Date:

<p>Forms can be submitted to:</p> <ul style="list-style-type: none"> ▪ Mailing address: Lake Region State College ▪ Financial Aid Office <li style="padding-left: 40px;">▪ 1801 College Drive N ▪ Devils Lake, ND 58301 ▪ Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: merissa.b.lourens@lrsc.edu ▪ Fax: 701-662-1666
