

Proof of Child/Dependent 2018-2019

We have reviewed your Free Application for Federal Student Aid (FAFSA) and find that we need additional information.

You indicated on your 2018-2019 FAFSA that you are under the age of 24 and that you have a child who will receive more than half of their support from you between July 1, 2018 and June 30, 2019 and your total family annual income is less than \$16,240, which is the federal poverty income threshold. Your income does not appear to be sufficient enough to support you and your child/children for the 2018/2019 academic year or a calendar year. (Note: Having a child, paying child support or having someone live with you does not necessarily mean that you provide more than half of their support as required by the (FAFSA)

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for your child, please correct your FAFSA at www.fafsa.gov, under the Dependency Status Tab, the question "Do you have or will you have children who will receive more than half of their support from you" will need to be changed to "no" which will change your dependency status and you will be required to provide parent financial information on the FAFSA.

A determination of your dependency status will be made upon review of this form. This decision is final and is not appealable.

_____	_____	_____	_____
Student Name (Last)	(First)	(MI)	Student ID Number
_____		_____	_____
Name of student's dependent		Age	Relationship to student

Details of Support

- 1) Where are you currently living? own home; with parent(s)
Other _____
- 2) Where is your child currently living? with you the student; with the student's parents?
- 3) Will your child live with you while you attend Lake Region State College? Yes; No
- 4) Do you pay child care costs for your child? Yes \$_____/month; No
If yes, who do you pay (attach proof of payment) _____
- 5) Do you provide medical coverage for your child? Yes; No
If yes, provide a copy of the medical card and copy of monthly payment invoice
If no, who provides medical coverage? _____
- 6) Do you receive child support for your child? Yes \$_____/month; No
If yes, submit supporting documentation.
- 7) Do you pay child support for your child? Yes \$_____/month; No
If yes, submit supporting documentation.
- 8) Do any of your (or your dependent's) relatives provide you financial support? Yes; No
If yes, who provides the support and how much per month? _____

- 9) Do you or your child (or other dependents) receive any other type of assistance or benefits? (ex. Social security, Housing Assistance, SNAP benefit, etc.)? ____ Yes \$_____/month; ____ No
Type of assistance: _____
- 10) Did someone else claim you as a dependent on their 2016 Federal tax return? ____ Yes; ____ No
If yes, who claimed you? _____
- 11) Did someone else claim your child on a 2016 Federal tax return? ____ Yes; ____ No
If yes, who claimed the child? _____
- 12) Will you claim yourself on your 2017 Federal tax return? ____ Yes; ____ No
If no, explain why? _____
- 13) Will you claim your child (or other dependent) on your 2017 Federal tax return? ____ Yes; ____ No
If no, explain why? _____
- 14) Are you currently employed? ____ Yes; ____ No
If yes, submit a copy of your most recent pay stub and 2016 federal tax return transcript. If no or you make less than \$16,240 per year, provide the following household monthly living expenses which are billed in your name. Attach a statement indicating how you provide for each of these expenses.

Housing (mortgage, rent, other	\$ _____
Utilities (electricity, gas, water)	\$ _____
Food	\$ _____
Phone/Cable	\$ _____
Transportation (Insurance, gas, car pymt)	\$ _____
Total Monthly Expenses	\$ _____

If the legal dependent is your child, you must submit a copy of the child's official birth certificate from the Bureau of Vital Statistics for the state in which the child was born along with any legal documents which provide information on the child's financial and living circumstances.

Certification:

I hereby certify that all information contained in this document, including supporting documentation, is true and complete to the best of my knowledge.

Students Signature _____ **Date** _____

Please submit this documentation and all other documents requested to the Financial Aid Office at:

Lake Region State College
1801 N College Drive
Devils Lake, North Dakota 58301

You may also scan and e-mail documents to Katie.Nettell@lrsc.edu or fax to 701-662-1666