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

You indicated on your 2021-2022 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, 2021 and June 30, 2022 and your total family annual income is less than $16,910, which is the 2019 federal poverty income threshold. Your income does not appear to be sufficient enough to support you and your child/children for the 2021-2022 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? _______________________________________

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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 2018 Federal tax return?  _____Yes;  _____No
If yes, who claimed you? __________________________________________________________

11) Did someone else claim your child on a 2019 Federal tax return?  _____Yes;  _____No
If yes, who claimed the child? __________________________________________________________

12) Will you claim yourself on your 2019 Federal tax return?  _____Yes;  _____No
If no, explain why? ____________________________________________________________

13) Will you claim your child (or other dependent) on your 2019 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 2019 Federal Tax Return, Form 1040 and all applicable schedules. If no, or your annual 2019 income is less than $16,460, 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:

- Mailing address: Lake Region State College • Financial Aid Office
  - 1801 College Drive N • Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 • E-mail for questions: merissa.halvorson@lrsc.edu • Fax: 701-662-1666

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