



Financial Aid and Scholarships

2026-2027 Verification of Dependent Support

When completing the 2026-2027 Free Application for Federal Student Aid, you indicated one of the following:

- You have children who receive more than half of their support from you between July 1, 2026, and June 30, 2027.
You have other dependents who live with you and who receive more than half of their support from you, between July 1, 2026, and June 30, 2027.

\* Support includes money, housing, food, clothing, medical/dental care, transportation, and similar expenses. You may be required to provide documentation to support your claim of people other than your children.

1. List the names, ages, and relationships to your dependents. If the dependent is your child, you must attach a copy of the birth certificate.

Table with 3 columns: Name, Age, Relationship. Two rows of blank lines for entry.

2. Where do you currently live?

- On campus, With parent or relative, Off campus on my own

3. Where will you live during the academic school year of 2024-2025?

- On campus, With parent or relative, Off campus on my own

4. Where does your dependent currently live?

- On campus, With parent or relative, Off campus with me

5. Where will your dependent live during the academic school year of 2024-2025?

- On campus, With parent or relative, Off campus with me

6. If you are/ will be living off campus for the upcoming academic year 2024-2025 please provide documentation verifying your residence (mortgage, lease, utility bill, etc.)



### Financial Aid and Scholarships

In the chart below, include the total average household expenses for one month (do not just include the portion of what you pay, rather, we need data on what the entire household monthly expenses are).

Average Monthly Household Expenses	Average Monthly Household Bills
Rent/ Mortgage	\$
Electric Bill	\$
Gas Bill	\$
Water Bill	\$
Food/ Internet/ Miscellaneous	\$
Total Monthly Expenses	\$

Student Wages (Provide most recent month's pay stubs)	\$
Child support Received (Whether voluntary or court ordered) [Provide supporting documentation]	\$
Unemployment	\$
<b>Social Security Benefits</b>	\$
<b>Financial Assistance provided by others</b>	\$

**Average Monthly Sources of Income** **Average Monthly Income Amount**

**Other/ Benefits (indicate type):** [ ] \$

**Do your dependent(s) currently receive any earnings or benefits? As applicable please provide monthly amount:**

Welfare benefits:	Retirement:
Social Security:	VA Benefits:
Wages (as applicable):	Other:

**Please provide your signature. By providing your signature, you are certifying that all the information on this form is complete and correct. You are also authorizing Southeastern Louisiana University to make corrections to your original and/or subsequent applications based on the documents you are now submitting.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_