

Proof of Dependent(s) Statement

When you completed your 2018-2019 Free Application for Federal Student Aid (FAFSA), you stated that you were responsible for dependents who will receive more than half of their support from you. We are requesting additional information to better evaluate your filing status. If an item does not apply to your situation, write N/A or 0.

Print Student's Name (Last, First, MI) _____

1) Dependent Information

List your dependent(s) in the table below if: (1) they live with you and (2) receive more than half of their support from you now and will continue to do so through June 30, 2019.

| | Dependent's Full Name | Age | Relationship | Name of College (if applicable) |
|---|-----------------------|-----|--------------|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

You must provide the court documents for your legal dependents, if applicable.

2) Where do you and your dependent(s) live?

- With your parent(s)
- In your own private residence. **REQUIRED:** *Submit a copy of your lease or mortgage agreement.*
- Other – Please explain:

3) What provisions, if any, have you made for your dependent(s) while you are in class?

4) Please provide an explanation of why each person listed above is your dependent.

5) **List your sources of support for 2016** – such as wages, tips, untaxed income, Social Security benefits, etc. (Additional information may be requested.)

| Student Income/Resources | 2016 Annual Amount |
|-----------------------------------|--------------------|
| Wages | \$ |
| Unemployment Benefits | \$ |
| Social Security Benefits | \$ |
| Child Support | \$ |
| SNAP | \$ |
| WIC | \$ |
| TANF | \$ |
| Medicaid | \$ |
| Veterans Non-educational Benefits | \$ |
| Cash Gifts | \$ |
| Other. Identify: | \$ |

By signing, I affirm that the above information is complete and correct.

 Student Signature

 Date

Submit this form and all required documents to the LTC Financial Aid Office.

| Last Name Beginning A-E | Last Name Beginning F-L | Last Name Beginning M-R | Last Name Beginning S-Z | Veterans Benefits |
|--|--|--|--|--|
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