



LOUISIANA COLLEGE

PREPARING GRADUATES ♦ TRANSFORMING LIVES

2021-2022 Documentation of Independent Student Status Legal Dependent

Form Student Information:

First Name Last Name MI Student ID Number

Address City State ZIP

Provide the following information about the dependent:

Full Name Age Relationship to Student

Address City State ZIP

Documentation Required:

- A copy of the dependent's birth certificate (available from the Bureau of Vital Statistics of the child's state of birth.) Hospital birth records or certificates are not acceptable documentation.
- A signed copy of your 2019 federal income tax return if you claimed your dependent as an exemption. (By claiming your dependent on your income tax return, you are confirming to the Internal Revenue Service that you are the supporting parent/guardian. Therefore, the Office of Financial Aid will accept this as corroboration for the financial support of your dependent that FAFSA requires for you to be considered an independent student.)
 - If you did not claim your dependent as an exemption please check which box applies to you AND submit the Legal Dependent Monthly Expense Report:
 - I have a court order which gives another party the right to claim my dependent in alternating years (please submit a copy of the court order).
 - I did not/will not claim my dependent child for other reasons:
 - My dependent was born on or after January 1, 2019.

By signing this document, I certify that all of the information reported on it is complete and correct to the best of my knowledge. I also understand that if I purposefully give false or misleading information on this document, I would be violating Federal statute and could face penalty.

Student Signature

Date

You reported on your FAFSA that you are an independent student due to the fact that you have a child. However, you did not claim your child on your 2019 federal income tax return, and therefore, must document your monthly support. All amounts listed should be the monthly total and you must note a reason for any boxes that are not completed or applicable. List any additional expenses that you would like taken into consideration.

Student Information:

First Name	Last Name	MI	ID #
Monthly Expense	Total Monthly Amount	Amount paid by student	Name and Amount paid by other
Housing/Rent	\$	\$	\$
Utilities	\$	\$	\$
Daycare	\$	\$	\$
Food for child	\$	\$	\$
Clothing for child	\$	\$	\$
Medical Expenses (child)	\$	\$	\$
Diapers/toiletries for child	\$	\$	\$
Child's school (if applies)	\$	\$	\$

Examples:

Housing/rent	\$xxx.xx	\$xxx.xx	\$xxx.xx Parents
Daycare	\$xxx.xx	\$xxx.xx	\$xxx.xx CCAP

Please explain in detail why any expense is not applicable:

By signing this document, I certify that all of the information reported on this document is complete and correct to the best of my knowledge. I also understand that if I purposefully give false or misleading information on this document, I would be violating Federal statute, and could face penalty.

Student Signature _____ Date _____