



# Lander University Office of Financial Aid

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08DEPE

## 2007-2008 Dependents in Household Verification Form

This form is used to gather information from unmarried students born on or after January 1, 1984 who claim dependents on the Free Application for Federal Student Aid (FAFSA) and do not meet any other requirement to be considered an independent student on the FAFSA.

Please: 1) Answer ALL questions carefully. 2) Attach supporting documentation. 3) DO NOT LEAVE ANY QUESTIONS BLANK. 4) Please print your answers.

Student's Name: \_\_\_\_\_ Lander ID #: \_\_\_\_\_

Please Print: Last First MI

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State ZIP

1. Please list the names and ages of YOUR dependents and their relationship to you. You **must** attach legal documentation of their relationship (e.g. birth certificate, legal guardianship, etc.)

A. Dependents are those people whom you will support between July 1, 2007 and June 30, 2008. Include your children if they receive **MORE THAN HALF** of their support from you.

B. Include other people **only if they meet all of the following criteria:**

- they now live with you, **and**
- they now get more than half of their support from you, **and**
- they will continue to get this support from you between July 1, 2007 and June 30, 2008.

Support includes: money, **housing**, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Dependent Name	Age	Relationship	S/P/O (see note below)*

\*Where do the above **dependent(s)** live? S = with student P = with student's parents O = other/explain below

If you answered "O" [other] above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. You (the student) will live:  With your parents  On-Campus  Off-Campus, not with parents

List the source and amounts of all benefits received, including TANF, WIC, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide a detailed explanation of how you (and your spouse and dependents, if applicable) were able to meet your expenses for food, clothing, shelter, utilities, transportation, etc. in 2006:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the actual dollar amount of any income you received, including cash support or bills paid on your behalf (and spouse/dependents, if applicable) by another person or agency in 2006. This includes (but is not limited to) money, gifts, housing, food, clothing, car payments or expenses, medical and dental care, and payment of college costs. Do not include financial aid. Be sure to list the source of income.

Expense	Amount Paid on Student's Behalf for 2006 (1/1/06-12/31/06) for each expense item	Source (Parent, friend, gov't agency, etc.)	FAO use only: Count as Untaxed? Y or N
Housing			
Food			
Clothing			
Car payments or expenses			
Medical or dental expenses			
Payment of college costs			
Other expenses paid on your behalf for 2006			

If both you and the dependent live with your parent(s), you must attach documentation showing that you provide half of the dependent's support. If you cannot document that you provide more than half of the dependent's support, the dependent will be disallowed. Support includes: money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	If approved, update RRAAREQ	
Initials/date		If not approved, update RNANAxX dependents Q51, 52	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ – 08DEPE and add CORRP if corrected	
FSAH AVG Guide Ch. 1 and 2		If not approved, will need to change Track Group on RRAAREQ to UNSIGN and select Create Requirements	
Refer to the SFA Application and Verification Guide for how to count each expense based on source.		RHACOMM	
		CNSLR Initials/date	