



Lander University Office of Financial Aid

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09DEPE

2008-2009 Dependents in Household Verification Form

This form is used to gather information from unmarried students born on or after January 1, 1985 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, 2008 and June 30, 2009. 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, 2008 and June 30, 2009.

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

Table with 4 columns: 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 2007:

Multiple horizontal lines for providing a detailed explanation of expenses.

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 2007. 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 2007 (1/1/07-12/31/07) 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 2007				

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 RNANAx dependents Q51, 52	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ - 09DEPE 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	