



Lander University Financial Aid Office

23NHHC

320 Stanley Avenue • Greenwood, SC 29649
Email: finaid@lander.edu • Web: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

2022-2023 Number in Household and Number in College

Student's Last Name _____ **First** _____ **MI** _____ **Lander ID (L#)** _____

Your application for federal aid was selected for a review process called "verification." Please complete the information below.

Instructions for whom to include in "Name of Household Members":

- If you were required to provide your parent's information on the FAFSA (most LU students are), include:**
 - Yourself and your parent(s) (must include stepparent) **NOTE:** To determine who is considered a parent for purposes of this form, refer to <http://studentaid.ed.gov/fafsa/filling-out>. Grandparents, foster parents, legal guardians or those with legal custody are **NOT** considered parents (unless they legally adopted you) for FAFSA purposes and their information cannot be used.
 - Your parent's other children if:
 - (a) your parents will provide **more than half of their support from 7-1-2022 through 6-30-2023 OR**
 - (b) the children **could answer "NO" to every dependency status question on the FAFSA**
 - Other people **if they now live with your parents** and your parents provide **more than half of their support, and will continue to provide more than half of their support from 7-1-2022 through 6-30-2023**. Additional documentation may be required.
- If you were NOT required to provide your parent's information on the FAFSA, include:**
 - Yourself and your spouse (if married),
 - Your children, if you will provide **more than half of their support from 7-1-2022 through 6-30-2023**,
 - Other people **if they now live with you** and you **provide more than half of their support, and will continue to provide more than half of their support from 7-1-2022 through 6-30-2023**. Additional documentation may be required.

(Check here ___ if more than 6 in the household and list additional family members on the back)

By signing this worksheet, I/We certify that all of the information reported is complete and accurate.

Number in Household			Full name of college if household member is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2022 and June 30, 2023. Parents of a dependent student aren't included.
Full Name	Age	Relationship	List Name of College
		Self	Lander University

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature (Required, digital signature not accepted) **Phone #** **Date**

Parent's Signature (Required, digital signature not accepted) **Phone #** **Date**

DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW	
RRAAREQ	xxNHHC = N - Pending Review Insert CNSLV = N - Pending Review	Complete Verf Review form	
Initials/date		CNSLR Initials/date	
Fwd to Counselor date			