



Office of Financial Aid

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 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Proof of Support for Parent's Household Members

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

Street Address City State Zip

On your Free Application for Federal Student Aid (FAFSA) or in verification documentation you provided to our office, you included an individual in your parent(s)' household whom we must confirm his/her eligibility to be included in the number in household. Please complete the certification below and provide supporting documentation.

Parent Certification and Signature (check item that applies below)

- I attest that I have dependents (other than my children or spouse) who live with me and who receive more than half of their support from me, now and through June 30, 2027. If the person you support is not your child, they must meet all the following criteria:
 - They now live with you
 - They now receive more than half their financial support from you
 - They will continue to receive this support from you for the coming academic year
 - Complete DOCUMENTATION OF SUPPORT below.**

- I answered incorrectly and none of these conditions apply to me. By checking this box, I understand that I will need to return this form to the Financial Aid Office and correct my FAFSA at <https://studentaid.gov> for the PARENT STATUS questions listed above and correcting the number in household and number in college questions as appropriate.

By signing this worksheet, I certify that the information is true and a complete representation of my financial status. I understand the Financial Aid Office may need to request additional supporting documentation at a later date to verify my status.

Student's Signature Phone# Email Date

Parent's Signature Phone# Email Date

DOCUMENTATION OF SUPPORT

Please complete a separate form for each dependent you are including in the questions above. **NOTE: You cannot include a child to be born later in the academic year.**

NAME OF DEPENDENT	RELATIONSHIP TO STUDENT	AGE	DATE OF BIRTH

DEPENDENT FINANCIAL INFORMATION (Funds Belonging to the Person Your Parent(s) Support)

1. DOES THE PERSON YOUR PARENT(S) SUPPORT HAVE INCOME (TAXED AND/OR UNTAXED) OF THEIR OWN? (circle one)		YES	NO
[EX: wages/salary, retirement, social security, disability, VA benefits, section 8 housing, SNAP/food stamps, WIC, financial aid, etc.]			
IF YES, PLEASE INDICATE SOURCE(S) AND AMOUNT(S):			
2. MONTHLY AMOUNT OF THIS INCOME THAT WAS USED FOR THEIR OWN SUPPORT: \$			
3. MONTHLY AMOUNT OF THIS INCOME THAT WAS USED FOR OTHER PURPOSES: \$			
4. DOES THE PERSON YOUR PARENT(S) SUPPORT HAVE ANY CHECKING/SAVINGS ACCOUNTS OR OTHER FINANCIAL RESOURCES? (circle one)		YES	NO
IF YES, PLEASE INDICATE SOURCE(S) AND AMOUNT(S):			
5. IF THE PERSON YOUR PARENT(S) SUPPORT OWNS A HOME, WHAT IS THE FAIR RENTAL VALUE OF THE HOME (what the owner could charge monthly)? \$			
Does the dependent qualify for MEDICAID? (circle one)	YES	NO	DEPENDENT TOTAL MONTHLY RESOURCES? (add lines 2, 3, 4, and 5) \$
Does the dependent qualify for MEDICARE? (circle one)	YES	NO	

TAX FILING INFORMATION				
WHO CLAIMED YOUR PARENT(S) DEPENDENT ON 2024 TAX RETURN?				
WHO WILL CLAIM YOUR PARENT(S) DEPENDENT ON THE MOST RECENT TAX RETURN? WHAT YEAR?				
PLEASE SUBMIT A COPY OF YOUR PARENT(S) SIGNED 2024 AND/OR 2025 FEDERAL TAX RETURN IF DEPENDENT IS LISTED				
MONTHLY EXPENSES				
HOUSEHOLD EXPENSES	AVG MONTHLY AMOUNT FOR ENTIRE HOUSEHOLD	HOW MUCH DO YOUR PARENT(S) PAY OF DEPENDENT'S HOUSEHOLD EXPENSES?	HOW MUCH OF DEPENDENT'S HOUSEHOLD EXPENSES PAID BY OTHER SOURCE?	CHECK IF SOURCE IN YOUR PARENT(S) NAME
HOUSING – rent/mortgage payment or fair rental value	\$ _____	\$ _____	\$ _____ SOURCE: _____	
UTILITIES – electricity, gas, water, phone, etc	\$ _____	\$ _____	\$ _____ SOURCE: _____	
FOOD	\$ _____	\$ _____	\$ _____ SOURCE: _____	
OTHER (PLEASE EXPLAIN)	\$ _____	\$ _____	\$ _____ SOURCE: _____	
TOTAL HOUSEHOLD EXPENSES:	\$ _____	E - \$ _____	G - \$ _____ (TOTAL FROM ANY SOURCE OTHER THAN STUDENT'S PARENT)	
NUMBER IN HOUSEHOLD:				
DEPENDENT'S SHARE OF HOUSEHOLD EXPENSES (TOTAL HOUSEHOLD EXPENSES/# IN HOUSEHOLD)	A - \$ _____			
DEPENDENT'S OTHER MONTHLY EXPENSES	AVG MONTHLY AMOUNT	HOW MUCH DO YOUR PARENT(S) PAY OF DEPENDENT'S OTHER MONTHLY EXPENSES	HOW MUCH OF DEPENDENT'S OTHER EXPENSES PAID BY OTHER SOURCE?	CHECK IF SOURCE IN YOUR PARENT(S) NAME
DEPENDENT'S EDUCATIONAL EXPENSES (AVG PER MONTH FOR TUITION/FEES/ROOM/BOARD/BOOKS/MISC)	\$ _____	\$ _____	\$ _____ SOURCE: _____	
DEPENDENT'S MEDICAL/DENTAL EXPENSES	\$ _____	\$ _____	\$ _____ SOURCE: _____	
DEPENDENT'S HEALTH INSURANCE	\$ _____	\$ _____	\$ _____ SOURCE: _____	
CHILD/DEPENDENT CARE COST	\$ _____	\$ _____	\$ _____ SOURCE: _____	
DEPENDENT'S CAR INSURANCE	\$ _____	\$ _____	\$ _____ SOURCE: _____	
DEPENDENT'S CAR EXPENSES (car payment/repair/gas, etc)	\$ _____	\$ _____	\$ _____ SOURCE: _____	
DEPENDENT'S PERSONAL EXPENSES SUCH AS CLOTHING, DIAPERS, CELL PHONE, ETC)	\$ _____	\$ _____	\$ _____ SOURCE: _____	
OTHER EXPENSES (PLEASE EXPLAIN)	\$ _____	\$ _____	\$ _____ SOURCE: _____	
TOTAL OTHER EXPENSES	B - \$ _____	F - \$ _____	H - \$ _____ (TOTAL FROM ANY SOURCE OTHER THAN STUDENT'S PARENT)	
ADD A + B FOR TOTAL EXPENSES	C - \$ _____			
(C)/2 = 50% SUPPORT	D - \$ _____			
FINANCIAL AID COUNSELOR REVIEW:				
<input type="checkbox"/> If the amount you pay in SECTION I is NOT greater than 50% support in SECTION D , the Lander Financial Aid Office will correct your FAFSA and remove this person from the household. Your parent(s) are not providing more than 50% of the person's financial support.				
<input type="checkbox"/> If the amount of DEPENDENT TOTAL MONTHLY RESOURCES from page 1 is greater than SECTION D , the Lander Financial Aid Office will correct your FAFSA and remove this person from the household. Your parent(s) are not providing more than 50% of the person's financial support.				
<input type="checkbox"/> If the amount in SECTION I is greater than 50% support in SECTION D and both I and D are greater than the amount of DEPENDENT TOTAL MONTHLY RESOURCES from page 1, then your parent(s) meet the support test for the dependent for financial aid purposes.				

 COUNSELOR NOTES:
 COUNSELOR INITIALS/DATE:

DATA ENTRY	COUNSELOR REVIEW
RRAAREQ xxSUPP - N=Pending Review CNSLV - N	If approved, update RRAAREQ to S=Satisfied (and complete verification if applicable)
Initials/date	If not approved, update RNANAx dependents Q34, 35 and # in HH/# in College
Fwd to Counselor date	If correction, Calc need and update ROAUSDF etc and trans
Counselors must finalize their review within 60 days of receipt of initial application.	
FSAH AVG Guide Ch. 1 and 2 Refer to the SFA Application/ Verification Guide for how to count each expense based on source.	RRAAREQ – xxSUPP and add CORRP if correction made RHACOMM