



Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 27SUPS
 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Proof of Support for Student'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) you answered "yes" having a dependent. Please complete the certification below.

Student Certification and Signature (check item that applies below)

- I attest I have children who will receive more than half of their support from me between July 1, 2026, and June 30, 2027. **Complete DOCUMENTATION OF SUPPORT 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. **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 STUDENT STATUS questions listed above and correcting the number in household and number in college questions as appropriate. In addition, I realize I may be required to include my parents' information if this is the only reason, I am independent on the FAFSA.

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

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	AGE	DATE OF BIRTH

LIVING ARRANGEMENTS

WHERE DO YOU LIVE? (circle one)	WITH YOUR PARENTS	IN YOUR OWN HOUSING	OTHER (please explain)
WHERE DOES YOUR DEPENDENT LIVE? (circle one)	WITH YOUR PARENTS	WITH YOU	OTHER (please explain)
DATE DEPENDENT MOVED TO THIS LOCATION?			
FOR OLDER DEPENDENTS, DOES THE DEPENDENT PROVIDE HIS/HER OWN HOUSING (OWN OR RENT)?			
IF DEPENDENT ATTENDS COLLEGE, WHAT IS AVG TOTAL AMT OF EDUCATIONAL EXPENSES FOR SEMESTER?	\$	HOW MUCH DO YOU PAY PER SEMESTER?	\$

TAX FILING INFORMATION

WHO CLAIMED YOU ON 2024 TAX RETURN?		WHO CLAIMED YOUR DEPENDENT ON 2024 TAX RETURN?	
WHO WILL CLAIM YOU ON YOUR MOST RECENT TAX RETURN? WHAT YEAR?		WHO WILL CLAIM YOUR DEPENDENT ON THE MOST RECENT TAX RETURN? WHAT YEAR?	
DID YOU FILE A 2024 TAX RETURN? DID YOU WORK IN 2024?		PLEASE SUBMIT A COPY OF YOUR SIGNED 2024 FEDERAL TAX RETURN	
IF YOU DID NOT FILE A TAX RETURN, PLEASE PROVIDE:	- A COPY OF ALL 2024 W2s PROVIDE - A COPY OF YOUR CURRENT PAY STUB(S) TO DEMONSTRATE YOUR CURRENT MONTHLY INCOME		
ARE YOU CURRENTLY EMPLOYED?			

INCOME AND RESOURCES				
SOURCE	AVG MONTHLY AMOUNT YOU RECEIVE FOR YOU OR ON BEHALF OF HOUSEHOLD MEMBERS	AVG MONTHLY AMOUNT YOUR DEPENDENT RECEIVES IN HIS/HER NAME		
WAGES/SALARY	\$	\$		
RETIREMENT INCOME	\$	\$		
SOCIAL SECURITY	\$	\$		
DISABILITY	\$	\$		
VA BENEFITS	\$	\$		
SECTION 8 HOUSING	\$	\$		
SNAP/FOOD STAMPS	\$	\$		
WIC	\$	\$		
OTHER SOURCES (PLEASE EXPLAIN - financial aid, etc)	\$	\$		
DOES THE DEPENDENT QUALIFY FOR MEDICAID?				
DOES THE DEPENDENT QUALIFY FOR MEDICARE?				
EXPENSES				
HOUSEHOLD EXPENSES	AVG MONTHLY AMOUNT FOR ENTIRE HOUSEHOLD	HOW MUCH DO YOU PAY OF DEPENDENT'S HOUSEHOLD EXPENSES?	HOW MUCH OF DEPENDENT'S HOUSEHOLD EXPENSES PAID BY OTHER SOURCE?	CHECK IF SOURCE IN YOUR NAME
HOUSING – rent/mortgage payment or fair rental value	\$	\$	\$ SOURCE:	
UTILITIES – electricity, gas, water, phone, etc	\$	\$	\$ SOURCE:	
FOOD	\$	\$	\$ SOURCE:	
OTHER (PLEASE EXPLAIN)	\$	\$	\$ SOURCE:	
TOTAL		E - \$_____	G - \$_____ (TOTAL FROM ANY SOURCE OTHER THAN STUDENT'S PARENT)	
NUMBER IN HOUSEHOLD				
DEPENDENT'S SHARE OF HOUSEHOLD EXPENSES (TOTAL EXPENSES/# IN HOUSEHOLD)	A - \$_____			
DEPENDENT'S OTHER MONTHLY EXPENSES	AVG MONTHLY AMOUNT	HOW MUCH DO YOU PAY OF DEPENDENT'S OTHER MONTHLY EXPENSES	HOW MUCH OF DEPENDENT'S OTHER EXPENSES PAID BY OTHER SOURCE?	CHECK IF SOURCE IN YOUR NAME
DEPENDENT'S EDUCATIONAL EXPENSES (AVG PER MONTH FOR TUITION/FEES/ROOM/BOARD/BOOKS/MISC)	\$	\$	\$ SOURCE:	
DEPENDENT'S MEDICAL EXPENSES	\$	\$	\$ SOURCE:	
DEPENDENT'S HEALTH INSURANCE	\$	\$	\$ SOURCE:	
CHILD CARE COST FOR DEPENDENT	\$	\$	\$ 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	B - \$_____	F - \$_____	H - \$_____ (TOTAL FROM ANY SOURCE OTHER THAN STUDENT'S PARENT)	
ADD A + B FOR TOTAL EXPENSES	C - \$_____	Total of E+F+G+H = I - \$_____		
(C)/2 = 50% SUPPORT	D - \$_____	If the amount you pay in SECTION I is not greater than 50% support in SECTION D, you must correct the STATUS question about dependents on your FAFSA and you may be required to include your parents' information if this is the only reason you are independent on the FAFSA.		

 COUNSELOR NOTES:
 COUNSELOR INITIALS/DATE:

DATA ENTRY	COUNSELOR REVIEW
RRAAREQ xxSUPS - 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 Q9, 10 and # in HH/# in College
Fwd to Counselor date	If correction, Calc need and update ROAUSDF efc and trans
Counselors must finalize their review within 60 days of receipt of initial application.	If approved, ROANYUD field #35 = Y
REFERENCE – FSA HANDBOOK AVG for treatment of resources: in-kind, etc	RRAAREQ – xxSUPS and add CORRP if correction made RHACOMM