



Lander University Financial Aid Office

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22SUPS

2021-2022 Proof of Support for Student's Household Members

Student's Last Name	First Name	MI	Lander ID (L#)
Street Address	City	State	Zip

In order to verify your status as an independent student for financial aid purposes, we must collect this information from students who are under 24 years old and have answered "YES" to one or both of the FAFSA questions reporting that you provide more than half the financial support of children or other legal dependents. This worksheet is based on the *Worksheet for Determining Support* that appears in the IRS Publication 501 *Exemptions, Standard Deduction, and Filing Information*.

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

Section A:

1. Did you claim your child on your 2019 federal tax return?
 - a. If Yes, please provide a signed copy of your 2019 federal tax return.
 - b. If No, complete Section B

2. Are you the custodial parent?
 - a. If Yes, complete Section B
 - b. If No, please provide a written and notarized statement from the custodial parent regarding your financial contribution of more than half of child's support. Notarized statement must contact official notary public seal.

3. Are you expecting a child during this academic year?
 - a. If Yes, provide a statement from your doctor providing the expected date of birth.
 - b. AND provide a signed statement of intended financial support which declares your intent and explains your capability of providing more than half of the child's financial support. You can use Section B as a reference.

Section B:

1. Is your child living with you? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, provide: <ul style="list-style-type: none"> • Copy of your rental/lease agreement
2. Are you paying for childcare for your child? <input type="radio"/> Yes <input type="radio"/> No	If you answered Yes, provide documentation specifying the name of the child receiving care: <ul style="list-style-type: none"> • Receipts in your name, or • Statement of account in your name

<p>3. Are you providing medical coverage for your child? (Answer Yes if you have Medicaid coverage for your child.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, provide the following:</p> <ul style="list-style-type: none"> • Copy of medical insurance card
<p>4. Are you receiving child support for your child?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, how much support did you receive in 2019? \$_____ per _____ How much did you receive in 2020? • \$_____ per _____ (Example: \$50 per week; or \$200 per month; or \$2,400 per year)</p>
<p>5. Do you pay child support for your child?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, how much support did you receive in 2019? \$_____ per _____ How much did you receive in 2020? • \$_____ per _____ (Example: \$50 per week; or \$200 per month; or \$2,400 per year)</p>
<p>6. Are any of you or your child's relatives providing financial support for you and/or your child?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, how much support did you receive in 2019? • \$_____ per _____</p> <p>Name of relative: _____</p> <p>Relationship to you: _____</p> <p>_____</p>
<p>7. Are you or your child receiving any other types of assistance or benefits?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, provide the type(s) of assistance and the monthly amounts:</p> <p>Type: _____ \$ _____ per month</p> <p>Type: _____ \$ _____ per month</p>
<p>8. Are you and/or your child living with your parents?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>9. Are you employed?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, provide a copy of your most recent year-to-date gross earnings pay stub.</p>
<p>10. Were you or your child claimed as dependents on someone else's 2019 federal tax return?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, who claimed your or your child? Name: _____</p> <p>Relationship to you: _____</p> <ul style="list-style-type: none"> • If they did not claim you on their 2020 federal tax return, have them submit a signed written statement confirming this.
<p>11. Did you claim yourself and your child on your 2019 federal tax return?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>If you answered Yes, who claimed your or your child? Name: _____</p> <p>Relationship to you: _____</p>

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DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	If approved, update RRAAREQ (and complete verification, if applicable)	
Initials/date		If not approved, update parent # in hh and exclude this individual	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ – xxSUPP "S" and add CORRP if correction made	
FSAH AVG Guide Ch. 1 and 2			
Refer to the SFA Application/Verification Guide for how to count each expense based on source.		RHACOMM	
		CNSLR Initials/date	