

# Verification of Dependents Other than Spouse or Children

**2018-2019**

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

LAPU ID# \_\_\_\_\_

**Why you're being asked to complete this form:**

LAPU is required to confirm the information you provided on your 2018-2019 Household Form in **Verify My FAFSA** to complete your application for financial aid.

**Who should be listed below:**

Members of your household **other than your spouse or children who will receive more than half of their financial support from you between July 1, 2018 – June 30, 2019.** (Support includes money, gifts, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

If you need additional space, please use the explanation box below.

<i>Family Member's Name</i>	Relationship to Student	Age	Currently lives with you? Yes/No	<i>Income Received by/for the person (s) listed below from any source (Wages, Social Security, Disability, Pension, Welfare, etc.)</i>	
				<i>Total Income</i>	<i>Source</i>
1.					
2.					
3.					
4.					
5.					
6.					

**Please explain any unusual circumstances that you want our office to take into consideration.**

  
  
  
  
  
  
  
  
  
  

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**For security purposes, all documents must be submitted to [Verify My FAFSA](#)  
Please do not email or fax documents directly to LAPU**