

# SOUTHEASTERN LOUISIANA UNIVERSITY

## 2019-20 Verification of Family Members/College

### Dependent

Office of Financial Aid  
SLU 10768  
Hammond, LA 70402

Phone: (985) 549-2244  
Fax: (985) 549-5077

The Office of Financial Aid must compare information from your FAFSA with information you provide on this worksheet and other documents. If there are differences between your application information and the documents you submit, your application may need to be reprocessed. The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan request until all verification requirements have been met.

#### What You Should Do:

1. Complete and sign this worksheet - you and at least one parent must sign.
2. Submit the completed worksheet and any other documents to the Office of Financial Aid.
3. After a financial aid representative reviews your information, you could be asked to submit additional documentation.

#### Student Information

Student's Name			University ID (or Social Security Number)
Address			Date of birth
City	State	ZIP Code	Phone Number (include area code)

#### Dependent Student's Family Information

List below the people in your parent(s) household, Include:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parent(s).
- Your parent(s) other children, if your parent(s) will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-20. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

For any household member, excluding the parent(s), who 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, 2019 and June 30, 2020, include the name of the college.

Full Name	Age	Relationship to Student	College	Enrolled at Least Half-Time
		SELF	Southeastern LA Univ.	

#### Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date. **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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date