

<b>Student Name:</b>	
<b>Student ID#:</b>	

Federal regulations state that a person other than your spouse/child may be included as part of your household only if he/she lives with you (if you are an independent student) **or lives with your parent (s)** (if you are a dependent student), **AND you/your parent (s) will provide more than half of the person's support through June 2026.** Your child does not need to be living with you, **but you do need to currently and continue to provide more than half of their support through June 2026.** Please answer the questions below and attach the information requested.

<b>Name of Dependents:</b>	<b>Age(s):</b>	<b>Relationship to student:</b>

Does this family/household member currently reside with you/your parent(s)?	<b>Yes/No</b>
If yes, will he/she continue to reside with you/your parent(s) through June 2026?	<b>Yes/No</b>
Do you/your parent(s) currently provide more than half of this person's support? (Support includes housing, food, money, clothing, car, medical, etc.)	<b>Yes/No</b>
Will you/your parent(s) continue to provide more than half of this person's support through June 2026?	<b>Yes/No</b>
Does the family/household member above receive Social Security, TANF, child support, disability or other financial assistance?	<b>Yes/No</b>
Do you/your parent(s) receive any funds from the family/household member listed above for things like rent, food, etc. or are you/your parent(s) paid anything on the person's behalf by someone else such as social security, state funds, cash, foster care allowance?	<b>Yes/No</b>
Will the family/household member listed above attend college in 2025-2026? If yes, Where?	<b>Yes/No</b>

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for the dependent, please correct your FAFSA at [www.fafsa.gov](http://www.fafsa.gov).

**\*Requires physical signature. Unsigned forms or those with digital /electronic/types signatures will be returned.**

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent Signature (if student is dependent):</b>	<b>Date:</b>

<p><b>Forms can be submitted to:</b></p> <ul style="list-style-type: none"> <li>▪ Mailing address: Lake Region State College ▪ Financial Aid Office           <ul style="list-style-type: none"> <li>▪ 1801 College Drive N ▪ Devils Lake, ND 58301</li> </ul> </li> <li>▪ Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: <a href="mailto:merissa.b.lourens@lrsc.edu">merissa.b.lourens@lrsc.edu</a> ▪ Fax: 701-662-1666</li> </ul>
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