



DILLARD
UNIVERSITY

Office of Financial Aid & Scholarships
2601 Gentilly Boulevard New Orleans, LA 70122
Located: Rosenwald Hall, Room 126
Office: (504) 816-4677 Fax: (504) 816-5456

Student: _____ ID # _____

2022-2023 Dependent Non-Traditional Household

PLEASE READ CAREFULLY!

Complete the requested information

ONLY IF THE STATEMENT BELOW ↓ APPLIES TO YOU.

- A Traditional Household includes: Student and siblings (born on or after January 1, 1999) and Parents.
- A non-traditional household consists of anyone other than the student, his/her parents, and siblings (born before January 1, 1999) – i.e. Children over the Federal Government’s legal age of dependency, foster child/children, grandparents, niece, nephew, uncle, cousin, etc. which is/are listed on your Verification Worksheet.

Additional Information Request Form

According to our records, your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for a process called “**Verification**”. Based on data reported in the **FAMILY INFORMATION** on your Verification Worksheet, you/your parent(s) listed a “non-traditional” person(s) as part of the household. In order to determine your financial aid eligibility, we need additional information to complete the verification process.

You and your parent must complete this worksheet outlining the income/expense of the person(s) listed. Information must be provided to our office about the persons in the household, including the non-traditional individual(s) whom your parent(s) are supporting. Also, documentation must be provided as evidence of any source of income from work and/or income from any outside agency, such as: 1099 Statement, W-2’s, TANF, Social Security Benefits, etc...received in year 2020. Documentation can include, but are not limited to, 2020 Federal Tax Transcript, W-2’s, Form 1099 (SSI), Eligibility Letter/Statement, etc.

Student’s Signature: _____ Date: _____

INCOME/EXPENSE WORKSHEET

Please complete, along with your parent(s), the worksheet below to confirm that your parent(s) is/are providing and will continue to provide **more than half** the support, **from July 1, 2022 through June 30, 2023**, for the individuals listed in the FAMILY INFORMATION on your 2022-2023 Verification Worksheet.

	YOU, the STUDENT	Student's PARENT(S)	NON-TRADITIONAL (NT) PERSON(S) (See definition on front page)
If any do not apply, enter N/A	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME
	\$ _____	\$ _____	\$ _____

EXPENSES

Please list below the amount of monthly expenses paid by you, the student...

Please list below the amount of monthly expenses paid by your parent(s)...

Please list below the amount of monthly expenses paid by the NT person(s)...

RENT/MORTGAGES PAYMENT	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
UTILITIES	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
FOOD	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
AUTOMOBILE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
AUTOMOBILE INSURANCE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MEDICAL/DENTAL	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MEDICAL INSURANCE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
CHILD CARE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MISCELLANEOUS / OTHER	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
TOTAL MONTHLY EXPENSES	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly

****By signing this worksheet, we certify that all the information reported on it is complete and correct. ****
****WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. ****

STUDENT'S NAME: _____ STUDENT'S ID: _____

PRINT PARENT'S NAME: _____ PARENT'S SIGNATURE: _____ DATE: _____

Person(s) living in your household, considered as non-traditional (above 18 years of age), must complete the certification section below:

NON-TRADITIONAL CERTIFICATION SECTION

The person who is receiving support must attest to the support and list the person who is providing support. All parties of legal age must certify (sign) this form. Please submit any additional supporting documents for consideration.

I, _____ attest that _____ provides more than half of my support and will continue providing
(The person receiving support) *(The person giving support)*
 more than half of my support from July 1, 2022 through June 30, 2023.

 Person receiving 50% or more support - Printed Name and Signature:

 Date

 Support Provider's Printed Name and Signature:

 Date

If there is more than one non-traditional person in the household, please attach a separate form for each additional person who is being supported.