2027-2028 Household Form

This form cannot be faxed or emailed.
This form can be uploaded to your Financial Aid Portal or Financial Aid Drop-box on our website.

Return this form to the address below.
Labette Community College
Financial Aid
200 South 14th
Parsons, KS 67357

_____ _____

Student's Name Student ID

Household Listing (attach a separate page if necessary)

If you are a Dependent Student: List below the people in the parents' household. Include:

- The student.
- The parents (or stepparent, if applicable) even if the student is not living with them. Exclude a parent who has died or is not living the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if all of the following are true: they live with the student's parents (or live apart because of college enrollment); they receive more than half of their support from the student's parents; and they will continue to receive more than half of their support from the student's parents during the award year.
- Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2028.

If you are an Independent Student: List below the people in the student's household. Include:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if all of the following are true: they live with the student (or live apart because of college enrollment); they receive more than half of their support from the student; and they will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true: they live with the student; they receive more than half of their support from the student; and they will continue to receive more than half their support from the student during the award year.

Number in College: Include in the table below information about any household member who is, or 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, 2027, and June 30, 2028, and include the name of the college. If more space is needed, provide a separate page with the student's name and ID number at the top.

*The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2027-2028 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship	Currently Attending College?	Will be Enrolled at Least Half Time July 1, 2027 through June
Missy Jones (example)	*18*	*Sister*	*Central University*	*Yes*
		Student	Labette Community College	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Certification Statement

By signing below I certify that:

- If I withdraw from class or reduce my course load, I must notify the Financial Aid Office. I also understand that my aid may be REDUCED OR CANCELED and I may be responsible for repaying any federal funds which I received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- I understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to my attendance at Labette Community College.
- I understand that to be eligible for and to receive Federal Student Aid, I must be in a degree-seeking program at Labette Community College and only coursework directly applicable to my declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_____ _____

Print Student's Name Student's ID Number

_____ _____ _____ _____

Student's Signature Date Parent's Signature Date

(Hand-written or scribbled on) *(Required for Dependent Students Only)*

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.