



**Xavier University of Louisiana
Office of Student Financial Aid**

1 Drexel Drive · Box 40 · New Orleans · Louisiana 70125-1098
Telephone: (504) 520-7835 FAX: (504) 520-7906
Email: finaid@xula.edu

Student: _____ ID# _____

PLEASE READ CAREFULLY!
Complete the requested information on the front and back
ONLY IF THE STATEMENT BELOW ↓ APPLIES TO YOU.

2024-2025 Additional Information Request Form

STUDENTS INDEPENDENT BECAUSE OF AGE

Based on the information you reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA), you indicated that you are independent because you are 24 years old.

You must provide the Office of Student Financial Aid with the following information:

1. **Are you living at home with your parent(s)?** Complete the rest of this form (Front and Back) **and** have your Parent to complete the “Parent Certification Section”. **Please place a check next to your answer.**
Yes _____ No _____
2. **Will you be claimed on your Parent’s 2022 Federal Income Tax Return?** Yes _____ No _____
3. **Are you receiving “In-Kind Support” other than money, such as free food and/or housing from another family member?** Yes or No **If yes, please attach a statement, signed and dated by the individual describing the type of support you are receiving from him/her.**
4. **Are you receiving “Cash Support”, which is defined as money, gifts, loans, or any other expense paid on your behalf for items such as housing, food, clothing, car payments or medical and dental care, and/or college costs by someone other than your parents?** Yes _____ or No _____
 - a. If yes, from whom? _____ (Person’s Name) _____
(Please include name & relationship to student)

PRINT PARENT’S NAME _____

PARENT’S SIGNATURE _____ **DATE** _____

	YOU, THE STUDENT	STUDENT'S PARENT(S)	STUDENT'S CHILD(REN)	OTHER DEPENDENT(S)
All amounts should reflect the Present through June 30, 2025.	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME
	\$ _____	\$ _____	\$ _____	\$ _____

EXPENSES	Please list below the monthly expenses <u>paid</u> by you, the student...	Please list below the monthly expenses <u>paid</u> by your parent(s)...	Please list below the monthly expenses <u>paid</u> by your child(ren)...	Please list below the monthly expenses <u>paid</u> by other dependent(s)...
RENT/MORTGAGE PAYMENTS	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
UTILITIES	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
FOOD	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
AUTOMOBILE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
AUTOMOBILE INSURANCE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MEDICAL/DENTAL	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MEDICAL INSURANCE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
CHILD CARE	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
MISCELLANEOUS / OTHER	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly
TOTAL MONTHLY EXPENSES	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly	\$ _____/monthly

By signing this worksheet, I (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 Printed Name: _____ Signature: _____ Date: _____

PARENT CERTIFICATION SECTION

I certify that I reside at: Address _____
 City _____ State _____ ZIP _____

Please place a check () next to your answer.

I attest that I am providing I am not providing and will not provide support to _____ for the 2024-2025 Academic Year.

Printed Student's Name: _____ Student's Signature: _____ Date: _____

Printed Parent's Name: _____ Parent's Signature: _____ Date: _____