



Xavier University Office of Student Financial Aid
 1 Drexel Drive ~ Box 40 ~ New Orleans, Louisiana 70125-1098

2021-2022 Dependent Nontraditional Household Form

PRINT Student's Name _____ XULA ID Number _____

Please read instructions carefully.

According to your FAFSA, you were selected for Verification. Based on data reported in the FAMILY INFORMATION Section ("B") of your Verification Worksheet, you/your parent(s) listed at least one "non-traditional" person as part of the household. A **traditional** household includes the enrolled student, siblings (born after January 1, 1997) and parent(s). A **nontraditional** household consists of enrolled student, his/her parents, and siblings who were born before January 1, 1996, foster child/children, grandparents, niece, nephew, uncle, cousin, and etc. To determine your financial aid eligibility, you must provide the information below for persons in the household, including the nontraditional person.

****Note all sections must have a number value, even if "0". Enter amounts on MONTHLY basis. Documentation of source of income from work and/or any outside agency, such as: 1099 Statement, W-2s, TANF, Social Security Benefit (Eligibility Statement) or 2019 Federal Tax Return Transcript with all of this information listed.**

Submitting this form without documentation will render the form incomplete.

2019 Income and Expenses	Student	Parent 1	Parent 2	Any other siblings included in household	Nontraditional Person (See definition above) Name of Person Below:
Income from Work					
Other Source of Income (TANF, Social Security Benefits, IRA Distribution, etc.)					
TOTAL INCOME From Above					
Expense Section:					
Rent/Mortgage					
Food					
Utilities					
Automobile Payment					
Automobile Insurance					
Automobile Maintenance/Gas					
Medical/Dental					
Medical Insurance					
Child Care					
Miscellaneous/Other Expenses:					
Total 2019 Expenses					

Certification Statement:

The information contained in this request and any supporting documents submitted are complete and accurate. I understand that if I purposely give false or misleading information, I may be fined, jailed and/or both. I understand that the Financial Aid Office may request additional documentation. All parties must sign below or the form will be considered incomplete.

Student's Signature: _____ **Date:** _____

PRINT Name of Person Providing More than 50% of Support: _____

Signature of Person providing more than 50% of Support: _____ Date _____

I attest that the above mentioned person provides more than 50% of my support. I understand that providing false information could result in a fine, being sentenced to jail and/or both.

Signature of the Nontraditional Person: _____ Date _____

*Note: Submission does not guarantee inclusion. You must complete a separate form for each nontraditional person listed on the Verification Worksheet.