



**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

Use the link below to upload your completed document:

<https://xula.studentforms.com>

Student: \_\_\_\_\_ ID# \_\_\_\_\_

**PLEASE READ CAREFULLY!**

**Complete the requested information on the front and back  
ONLY IF THE STATEMENT BELOW ↓ APPLIES TO YOU.**

**2025-2026 Additional Information Request Form**

**STUDENTS INDEPENDENT BECAUSE OF AGE**

Based on the information you reported on your 2025-2026 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 2023 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** \_\_\_\_\_

	<b>YOU, THE STUDENT</b>	<b>STUDENT'S PARENT(S)</b>	<b>STUDENT'S CHILD(REN)</b>	<b>OTHER DEPENDENT(S)</b>
<b>All amounts should reflect the Present through June 30, 2026.</b>	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME
	\$ _____	\$ _____	\$ _____	\$ _____

<b>EXPENSES</b>	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
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____/monthly</b>	<b>\$ _____/monthly</b>	<b>\$ _____/monthly</b>	<b>\$ _____/monthly</b>

\*\*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 2025-2026 Academic Year.

Printed Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_