

**Louisiana Christian University**

Office of Financial Aid

1140 College Drive | LC Box 582 | Pineville, LA 71359

Phone: (318) 487-7386 | Email: financial.aid@lcuniversity.edu

**2026–2027 Independent V5 Aggregate Verification**  
**Worksheet*****1. Student Information***

|           |        |               |
|-----------|--------|---------------|
| Full Name | LCU ID | Date of Birth |
|           |        |               |
| Phone     | Email  |               |
|           |        |               |

***2. Household Information***

List the people in your household, including:

- Yourself (the student)
- Your spouse (if married)
- Your children, if you provide more than half of their support
- Other people if they live with you and you provide more than half of their support

| Full Name | Age | Relationship | College Attending |
|-----------|-----|--------------|-------------------|
|           |     |              |                   |
|           |     |              |                   |
|           |     |              |                   |

Number in College: \_\_\_\_\_

***3. Income Information***Student (and Spouse, if applicable): FA-DDX (Direct Data Exchange) IRS Tax Return Transcript Non-Filer  
If 'Non-Filer', list income earned from work below:

| Name of Earner | Source of Income | Amount |
|----------------|------------------|--------|
|                |                  |        |
|                |                  |        |

***4. High School Completion Status***

Diploma Transcript GED Homeschool Equivalent documentation (attach one)

## **5. Identity and Statement of Educational Purpose**

**Option 1 – In-Person Verification:** Student presents photo ID and signs below in the presence of a Financial Aid Officer.

**Option 2 – Virtual / Notary Verification:** Student verifies via video conference or notary public.

Statement of Educational Purpose:

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Louisiana Christian University for the 2026–2027 academic year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FA Officer Signature (if in-person or virtual): \_\_\_\_\_ Date: \_\_\_\_\_

Notary Section (if applicable): State: \_\_\_\_\_ County: \_\_\_\_\_ Notary: \_\_\_\_\_

## **6. Certification and Signatures**

Each person signing below certifies that all information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## **7. For Office Use Only**

Income Verified   Identity Verified   HS Completion Verified   Conflicts Resolved  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed form to the Louisiana Christian University Financial Aid Office.*