

2014-2015 Verification of Household Size / Number in College

Independent Student

Your FAFSA application has been selected for verification. In the process of reviewing your verification documents, we have identified some items that need clarification. **Using black ink**, please complete the chart below including the people in your household that you or your spouse (if married) support.

A.	Student's Information						
	Last Name	First Name		M.I. SSN	SSN or ID Number		
	Street Address (include apt. no.)				Date of Birth		
	City State		ZIP Code Hor	Home Phone Number Alternate or Cell Phone Number			
	Email Address						Alte
 List yourself and your spouse (if married) Your children, if you will provide more than half of their financial support from July 1, 2014 through June 30, 2015 OR if the child would be required to provide your information if they were to complete a FAFSA for 2014-15. Include children who meet either of these standards, even if they do not live with you Other people currently living with you for whom you currently provide and will continue to provide more than half of their financial support from July 1, 2014 to June 30, 2015 PLEASE NOTE: Do not list children for whom you or your spouse (if married) pays child support if that child support is reported on the FAFSA 							
	Full Name	Age	Relationship to Student	Name of College (if not applicable, leave blank)	Will be enrolled at least half-time? (Yes or No)	Lives with you? (Yes or No)	
			Self			Yes	
I cei	nature rtify that all information re rmation on this form, I ma	-	•	ete and correct. I understand that or both.	if I purposely give false	e or misleading	
Student Signature					Date		
Spouse's Signature (Optional)					Date		