2425 XHIO25

E

Student ID (E Number) Last Name First Name

2024-2025 VERIFICATION OF DEPENDENTS (OTHER THAN SPOUSE)

You indicated on your FAFSA that you have dependents (other than your spouse) who live with you and who will receive more than half of their support from you. Verification is required. List below the people, **OTHER than your pouse**, whom you will support between July 1, 2024 and June 30, 2025.

Include other dependents **only** if they meet the following criteria:

1. They now live with you, AND
2. You provide more than half of their support and will continue to provide more than half their support from July 1, 2024 through June 30, 2025. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.).

Please be prepared to provide proof of support. Please complete this form even if this status was selected in error on your FAFSA. Write "Error on FAFSA", sign the form and submit it to our office. We will correct your FAFSA for you.

Failure to complete this form will cause a delay in the processing of your aid.

NAME	AGE	RELATIONSHIP TO STUDENT	2022 INCOME (IF NONE, WRITE "NONE" AND EXPLAIN SITUATION)

TOTAL NUMBER OF DEPENDENTS _____

DIGITAL SIGNATURES NOT ACCEPTED

_____ _____

STUDENT SIGNATURE DATE

_____ _____

SPOUSE SIGNATURE (IF MARRIED) DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

REV. 4/24

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE: **217-581-6405** FAX: **217-581-6422** EMAIL: **FINAIDVERIFICATION@EIU.EDU**