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	Student ID #	Last Name	First Name

2016-2017 INDEPENDENT HOUSEHOLD VERIFICATION FORM
PLEASE PRINT OR TYPE IN BLACK INK!

Because of discrepant information in your file, please complete the following statement. List below the people you will support between July 1, 2016 and June 30, 2017. **Include yourself (and your spouse if you are married).** Include your children if you provide more than half of their support. Include other people 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, 2016 through June 30, 2017. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Indicate who, including yourself, will be going to college between July 1, 2016 and June 30, 2017. Always indicate yourself, even if you will be enrolled for less than half time. Indicate your spouse and other family members as college students only if they are enrolling (or are accepted for enrollment) for at least 6 credit hours in at least one term, or at least 12 clock hours per week. The student must be working toward a degree or certificate leading to a recognized education credential at a college that is eligible to participate in any of the Federal student aid programs. BE ADVISED THAT THIS INFORMATION MAY BE VERIFIED WITH THE SCHOOLS LISTED BELOW AT A LATER DATE.

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

Name	Age	Relationship to Student	Enrolled at least half time? If yes, where?
		SELF	Eastern Illinois University

TOTAL IN HOUSEHOLD _____ TOTAL IN COLLEGE _____

_____ Date _____
STUDENT'S SIGNATURE:

_____ Date _____
SPOUSE'S SIGNATURE:

**** **IF YOU, THE STUDENT, ARE MARRIED, YOUR SPOUSE MUST SIGN ALSO.** ****

