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Student ID # **Last Name** **First Name**

2019-2020 HOUSEHOLD VERIFICATION FORM FOR DEPENDENT STUDENT

How many people are in your parents' household? **Include:**

- Yourself, even if you don't live with your parents
- Your parents
- Your parents' other children if (a) your parents will provide more than half of the support between July 1, 2019 and June 30, 2020, or (b) the children could answer "No" to every question on the independent verification questions on the FAFSA, and
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2019 and June 30, 2020. Please be prepared to provide proof of support for any individuals who are not the dependent children of your parents and are not claimed on the parent's tax transcript.

Note: All fields are required!

Name	*Age*	*Relationship* *to Student*
		SELF

TOTAL IN HOUSEHOLD_____

_____ _____

PARENT'S SIGNATURE DATE

_____ _____

STUDENT'S SIGNATURE DATE

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