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Student ID # Last Name First Name

2019-2020 HOUSEHOLD VERIFICATION FORM FOR INDEPENDENT STUDENT

List below the people you will support between July 1, 2019 and June 30, 2020. **Include:**

- **yourself**
- **your spouse (if you are married)**
- 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, 2019 through June 30, 2020. Please be prepared to provide proof of support.

Note: All fields are required!

Name	*Age*	*Relationship to Student*
		SELF

TOTAL IN HOUSEHOLD_____

_____ _____

STUDENT'S SIGNATURE DATE

_____ _____

STUDENT'S SPOUSE'S SIGNATURE (IF MARRIED) DATE

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