

## **2024-25 V1 Household Verification - Dependent**

## Federal Student Aid Programs

| A. Student Information  |   |                        |                      |                       |                |  |
|---|---|------------------------|----------------------|-----------------------|----------------|--|
|   |   |                        |                      |                       |                |  |
| Last Name   |   | First Name             | M.I.                 | Student ID#           |                |  |
| Address (include apt. no.)  |   |                        |                      | Date of Birth         |                |  |
| Aut   | aress (merade apt. 110.)  |                        |                      | Date of Birth         |                |  |
| City  | У   | State                  | ZIP Code             | Phone Number (incl    | ude area code) |  |
| В.  | Family Information – P  | rovide information abo | ut the parent contri | butors/s on your FAFS | 4              |  |
| The information in sections B and D of this form is asking about the parent/s and household members who are included on your FAFSA application. This information may be different than your custodial parent. |   |                        |                      |                       |                |  |
| 1.  | What is the marital sta  Married  I   | r Separated* 🔲 N       | ever Married         |                       |                |  |
|   | Unmarried and both biological parents living together (both parents income information is required on the FAFSA)  |                        |                      |                       |                |  |
| 2.  | <ul> <li>List the people in your household, including:</li> <li>Yourself, and your parent/s (including step-parents), or unmarried biological parents residing together.</li> <li>Your siblings, if your parent/s will provide more than half of their support during the award year, even if they do not live with you.</li> <li>Other persons if they now live with your parent/s and your parent/s provide more than half of their support and will continue to provide more than half of their support during the award year.</li> <li>Write the names of all household members in the space(s) below:</li> </ul> |                        |                      |                       |                |  |
|   | F   | ull Name               | Age                  | Relationship          | to Student     |  |
|   |   |                        |                      | Self / St             |                |  |
|   |   |                        |                      |                       |                |  |
|   |   |                        |                      |                       |                |  |
|   |   |                        |                      |                       |                |  |
|   |   |                        |                      |                       |                |  |
| C.  | C. Sign this Worksheet  |                        |                      |                       |                |  |
| Each person signing below certifies that all the information reported is complete and correct.  |   |                        |                      |                       |                |  |
|   | The student and one parent whose information was reported on the FAFSA must sign and date.  |                        |                      |                       |                |  |
|   | Student Signature (Rec  | juired)                | Date                 |                       |                |  |
|   | Parent Signature (Requ  | <br>iired)             | Date                 |                       |                |  |