

## 2024-25 Household Verification - Independent

Federal Student Aid Programs

A. Student Information						
Last Name		First Name	M.I.	St	Student ID#	
Ad	dress (include Apt. #	)		Da	ate of Birth	
City		State	ZIP Code	Pł	Phone Number (include area code)	
B	Family Information					
What is your current marital status?						
	Single	☐ Married or Remarried* ☐ Separated				
	Divorced	Widowed				
*If you are married as of date you filed the FAFSA, you must include your spouse's information						
2.	List the people in y	our household, including:				
<ul> <li>Yourself, and your spouse, if applicable.</li> <li>Your dependent children, if you will provide more than half of their support during the award if they do not live with you. Do not list unborn children.</li> <li>Other persons if they now live with you and you provide more than half of their support and wi to provide more than half of their support during the award year. Please note the financial aid require proof of the data below, including, but not limited to non-filer forms from the IRS documentation of no/low income.</li> </ul>						e y
	Write the names o	of all household members in			51	
		Full Name	Ag	e	Relationship to Student	
					Self / Student	
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C.	Sign this Worksheet			مامام	and assument	
By signing below, I certify that all the information reported is complete and correct.						
	Student Signature (R	equired)	Date			
	Spouse Signature		Date			