



**Student Financial Services**  
**2017-2018**  
**Number of Household Members and**  
**Number in College**

\*\*\* Required for Verification by the US Department of Education\*\*\*

Please complete in black ink.

Your application was selected for review in a process called verification. In this process, we are required to confirm the information you reported on your Free Application for Federal Student Aid (FAFSA) before awarding Federal Student Aid. If there are differences between your application information and the verification documents, corrections may need to be submitted. Federal financial aid cannot be awarded until this information is received and verified.

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

**Please verify below your number of household members and number in college for the 2017-18 academic year.**

- **Independent Students:** List the people in your household: include yourself and your spouse, if married; your children, if you will provide more than half of their support from July 1, 2017 through June 30, 2018; and any other people if they now live with you, and you provide more than half of their support, and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.
- **Dependent Students:** List the people in your parents' household: include yourself even if you don't live in that household, your parent(s) (including a stepparent); your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2017 through June 30, 2018, **or** if they would be required to give parental information when applying for Federal student aid; and any other people if they now live with your parents, and your parents provide more than half of their support, and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

**Write the names of all household members** including yourself and all other family members, as explained above. Also, write in the name of the college for any family member, **excluding your parent(s)**, who will be attending college at least half-time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name and State of College If Attending During the 2017-2018 Year
Example: John J. Doe	22	Self	Forsyth Tech, NC

**Sign this Worksheet (REQUIRED)**

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. (One parent must sign for dependent students.) **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Dependent students only)

\_\_\_\_\_  
Date