2013-2014 Household Dependent Form

Student Name: __________________________________________________________   ID#__________________

Phone# (     ) _______________   Email: ____________________________________________________________

Your application was selected for review in a process called “Verification.” In this process, we will use this form to compare the information reported on your FAFSA. The law states that the institution has the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR). Once this form is reviewed, you may be asked to provide additional information for clarification if necessary.

Complete this verification form and submit it to the Financial Aid Office located in the Oliveira Student Service Center as soon as possible, so that your financial aid won’t be delayed. List the people that are in your household. Include:

- Yourself and your parent(s) or stepparent even if you don’t live with them, and
- Your parent(s)’ other children, even if they don’t live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2013 through June 30, 2014, or (b) the children would be required to provide parental information when applying for Federal student Aid, and
- Other people only 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, 2013 through June 30, 2014.

Write the names of all eligible household members in the space(s) below. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2013 and June 30, 2014, and will be enrolled in an institution that participates in Title IV programs. If you need more space, attach a separate page.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Jones (example)</td>
<td>18</td>
<td>Self</td>
<td>City University</td>
</tr>
</tbody>
</table>

Certifications and Signatures

By signing this form, we certify that all information reported on this worksheet is complete and correct to the best of our knowledge. We authorize the Office of Student Financial Assistance to make corrections necessary to resolve any discrepancies found. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student ____________________________ Parent____________________________ Date ___/___/___