

## 2008-2009 HOUSEHOLD VERIFICATION WORKSHEET

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

Initial review of your 2008-09 Free Application for Federal Student Aid (FAFSA) and the Verification form that you submitted showed a discrepancy in your household size and/or the number in your household enrolled in a postsecondary school on at least a half-time basis during the 2008-09 academic year.

### HOW TO COMPLETE THIS FORM:

#### DEPENDENT STUDENTS:

List the people in your parents' household that your parents will support between July 1, 2008 and June 30, 2009. **INCLUDE** your parents and yourself even, if you don't live with your parents. Include your parents' other children if **(a)** your parents provide more than half of their support from July 1, 2008, through June 30, 2009, or **(b)** the children could answer "no" to every question in Step Three of the FAFSA. Include other people if they now live with your parents, **AND** your parents will continue to provide more than half of their support, **AND** your parents will continue to provide more than half of their support from July 1, 2008 through June 30, 2009. **Do not list a "Name of College" for your parents, even if they are attending.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### INDEPENDENT STUDENTS:

List the people in your household that you will support between July 1, 2008 and June 30, 2009. **INCLUDE** yourself and your spouse. Include your children if they get more than half of their support from you. Include other people if they meet the following criteria: **(1)** they now live with you, **AND (2)** they now get more than half their support from you, **AND (3)** they will continue to get this support between July 1, 2008 and June 30, 2009.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Name	Age	Relationship to Student	Name of College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form to the following address within 14 days:

Hiram College  
 Financial Aid Office  
 P.O. Box 67  
 Hiram, Ohio 44234  
 330-569-5499 (fax)

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