University of Idaho

Student Financial Aid
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Office Use Only
Doc: HHSDEP #8
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

Household Size and Number in College Verification DEPENDENT 2014-2015

Student: _____ Student ID or SSN: _____
Please Print

Today's Date:_____ Phone #: _____

The federal government requires colleges to check the accuracy of the information provided on your 2014-2015 FAFSA. Your parent(s) must confirm the information requested below. Please complete, sign and return this form to our office. If you have questions, contact our office.

If more room is needed please use the reverse side of this form or attach another sheet. Remember to answer both questions for those additional family members. Be sure to print the student's name and student ID number on the additional sheet.

A. DEPENDENT STUDENT - INFORMATION ABOUT FAMILY MEMBERS

List the people in your parent(s)' household, including:

- Yourself (the student)
- Your parent(s) (including step-parent and parents living together but unmarried) even if you don't live with them;
- Your parents' other children, even if they don't live with them AND if (a) your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, OR (b) the children would be required to provide parental information when applying for federal student aid; also include,
- 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, 2014 through June 30, 2015 (including siblings over the age of 24); attach an explanation of why they are listed in the household.

Full Name of Family Member	Social Security Number	Relationship to Student	Date of Birth
STUDENT APPLICANT		**SELF**	

B. NUMBER OF CHILDREN ATTENDING POST-SECONDARY EDUCATION (COLLEGE)

Complete this section for any dependent child listed above who is or will be attending a college or other post-secondary educational institution during the 2014-2015 year on at least a half-time basis and is or will be enrolled in a degree, diploma, or certificate program. Do not list parents. If you need more space, attach a separate page.

Full Name of Family Member	Social Security Number	College Name for 2014-2015 Attendance
STUDENT APPLICANT		**University of Idaho, Moscow, Idaho 83844-4291**

CERTIFICATION: By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____