

2016-2017 Verification Worksheet for Dependent Students

Student Name: _____

Student ID Number: _____

Household Information

List the people in your household, including:

- yourself and your custodial parent(s) (including step-parent), even if you don't live with them, and
- your custodial parents' 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, 2016 through June 30, 2017, **OR**
 - (b) the children would be required to provide parental information when applying for federal student aid, and
- other people, **if** they now live with your custodial parents **and** your parents provide more than half of their support **and** your parents will continue to provide more than half of their support through June 30, 2017.

Write the name, age, and relationship of all household members below. If applicable, write the name of the college, university, or program for any family member (other than your parent[s]), who will be attending at least half-time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program. Attach a separate page if you need more space.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Yes or No)
<i>Example: Martha Jones</i>	<i>20</i>	<i>Sister</i>	<i>University of Missouri</i>	<i>Yes</i>
		Self		

Signatures (Required)

By signing below, we certify that all of the information reported on this worksheet is complete and accurate. The student and at least one parent must sign.

Student's Signature

Date

Parent's Signature

Date

Please return this worksheet to Student Financial Services