2018-2019
Household Verification Worksheet
Dependent

Student's Name _____

Social Security No. _____

Dear Dependent Student:

In reviewing your 2018-2019 federal financial aid file, further information is needed to clarify your circumstances. Please review the back of this letter and provide information about the members living in your household and for whom your parents provide more than 50 percent of their support.

The parents' household includes:

• You and your parent(s)/stepparent, **and**

• Your parents' other unmarried children **under the age of 24** (born after 12/31/1994), if (a) your parents provide more than half of the children's financial support between July 1, 2018, and June 30, 2019, or (b) the children would be required to provide parental information when applying for Federal Student Aid,   **and**

• Other people over the age of 23 (born before 1/1/1995) who live in your parents' household, **and** your parents provide more than half of their financial support **and** will continue to provide more than half of their support between July 1, 2018, and June 30, 2019.

• If persons over the age of 23 (born before 1/1/1995) live in your parents' household and receive any outside source (not from your parents) of support, you must provide documentation (tax forms/SSI-1099 forms/W-2(s), signed statements and/or financial aid award letters).

Do not include anyone, over the age of 23, who either:

1. Claim themselves on their own tax form, **or**
2. Receive untaxed income (cash, unemployment compensation, worker's compensation, etc.), **or**
3. Receive Social Security benefits in their own name or on behalf of their dependent child(ren), **or**
4. Receive public aid or Temporary Assistance for Needy Families (TANF), **or**
5. Is/are foster child(ren).

If you have any questions, please feel free to contact the Financial Aid Office at
(708) 456-0300, Ext. 3155.

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Student's Name _____ Social Security No. _____

Fill in the following information **about you and your parent(s).**

Full Name	DOB*	SSN	Relationship	College
Example: John Doe	1/1/59	111-11-1111	Father	None

Fill in the following information **about your parent(s) other unmarried dependent child(ren) under the age of 24** (born after 12/31/1994) who live in your parent's household. Do not include foster children or children your parents could not legally claim on their federal tax forms. Indicate the college or university if the dependent child is currently attending school in a degree/certificate program with at least six credit hours or more.

Full Name	DOB*	SSN	Relationship	College
Example: Tim Doe	1/1/95	222-22-2222	Sister	Columbia

Fill in the following information **about your parent(s) other dependents, over the age of 23** (born before 1/1/1995), who live in your parents' household and who do **not** either:

1. Claim themselves on their own tax form **or**
2. Receive Social Security benefits in their own name or on behalf of their dependent child(ren) **or**
3. Receive public aid or Temporary Assistance for Needy Families (TANF) **or**
4. Other untaxed income.

Full Name	DOB*	SSN	Relationship	Status	Income/Source**
Example: Sam Doe	1/1/80	333-33-3333	Son	Disabled	$2,412 SSI

*DOB (Date of Birth)
**Attach copies of any federal tax forms, W-2(s), SSI-1099 forms, signed, written statements of income for those listed in the box above.

I declare, under penalty of perjury, that all information reported on this form is true, complete and accurate to the best of my knowledge.

Student's Signature_____ Date _____

Parent's Signature _____ Date _____