



# HOUSEHOLD VERIFICATION FORM 2018-2019

## DEPENDENT STUDENTS

Student's Name: \_\_\_\_\_ Simmons ID: \_\_\_\_\_

List the people in your household. Include:

- Yourself.
- Your custodial parent(s), OR custodial parent & stepparent, who provide half of your support; even if you live elsewhere on your own.
- Your parents' other children if they will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the children would be required to provide parental information when completing a 2018-2019 FAFSA.
- Other people who live with your parent(s) and who currently and will receive more than half of their support from your parent(s) through June 30, 2019.
- Any household member, excluding your parent(s), who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary education institution any time between July 1, 2018 and June 30, 2019; include the name of the college they will attend.

| Full Name           | Date of Birth | Relationship | Name of College in 2018-2019 | Graduate or Ph. D. Program? (Yes/No) | Expected Graduation Date |
|---------------------|---------------|--------------|------------------------------|--------------------------------------|--------------------------|
| <i>You:</i>         |               | <i>Self</i>  | <i>Simmons University</i>    |                                      |                          |
| <i>Parent 1:</i>    |               |              |                              |                                      |                          |
| <i>Parent 2:</i>    |               |              |                              |                                      |                          |
| <i>Dependent 1:</i> |               |              |                              |                                      |                          |
| <i>Dependent 2:</i> |               |              |                              |                                      |                          |
| <i>Dependent 3:</i> |               |              |                              |                                      |                          |
| <i>Dependent 4:</i> |               |              |                              |                                      |                          |

(Please attach an extra page if there are additional household members)

- ☐ I understand that by signing this form that all information provided is complete and correct to the best of my knowledge.
- ☐ I understand that reporting incorrect or inaccurate information on this form may result in a change to my financial aid award.
- ☐ I understand that the omission of any information on this form may result in a delay in the receipt of my financial aid award.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_