



HOUSEHOLD VERIFICATION FORM 2018-2019

INDEPENDENT STUDENTS

Student's Name: _____ Simmons ID: _____

List the people in your household. Include:

- Yourself.
- Your spouse (if you are married).
- Your and/or your spouse's children if you will provide more than half of their support from July 1, 2018 through June 30, 2019, even if the children do not live with you.
- Other people who currently live with you if you (and/or your spouse) provide more than half of their support and will continue to do so through June 30, 2019. If any household member 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
Student:		Self	Simmons University	No	
Spouse:					
Dependent 1:					
Dependent 2:					
Dependent 3:					

(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: _____

Student's Spouse's signature: _____ Date: _____