



Last name

First name

Social Security Number (no dashes)

Upon review of your file, we are requesting additional information regarding the support of household members you are claiming on your verification worksheet. Please complete the following information and provide additional documentation that would support your claim. Providing proper and thorough documentation will help us in determining eligibility for you claim.

- Name of person(s) that you claim currently lives with you and you provide more than 50% of support for:
1) 2)
Relationship to you: Age of person(s): 1) 2)
Length of time you expect to provide more than 50% of the support for this person(s) between July 1, 2008 and June 30, 2009: From mo / day / year To mo / day / year

Reason this person(s) lives with you and/or the reason you support them (be specific, use additional paper if needed):

Blank lines for providing reasons for support.

After reviewing the documentation submitted, professional judgment will be used to determine if the claimant can be included as a household member for financial aid purposes. Professional judgment decisions are final.

Student Signature

Date

Signature of person you support, verifying the information provided is true and correct. (if person is under the age of 18, the guardian may sign)

Date

Support person's relationship to the student