



Support of Household Members

Student Last Name grid

Student Last Name

Student First Name grid

Student First Name

Student ID grid

Student ID

Date of Birth grid

Date of Birth (mmddyy)

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 a detailed statement as to why you support the individual(s). Providing proper and thorough statement and/or documentation will help us in determining eligibility for your claim. After reviewing the documentation submitted, professional judgment will be used to determine if the individual will be included as a household member for financial aid purposes. Professional judgment decisions are final.

Include the following information for the person(s) you claim currently lives with you (or lives with your parents, if dependent) AND you (or your parent(s), if dependent) provide more than 50% of their support. Use a separate piece of paper if you need to include additional person(s) or additional explanation of the circumstances.

Form box 1: Name, Age, Relationship, Length of time you expect to provide more than 50% support for this person between July 1, 2023 and June 30, 2024. From (mm/dd/yy): To: Reason the person lives with you and/or the reason you support them (be specific, use additional paper if needed):

Form box 2: Name, Age, Relationship, Length of time you expect to provide more than 50% support for this person between July 1, 2023 and June 30, 2024. From (mm/dd/yy): To: Reason the person lives with you and/or the reason you support them (be specific, use additional paper if needed):

Note: Failure to complete ALL fields and obtain ALL below needed signatures will mean above listed individuals will be excluded/removed from your household for financial aid purposes.

Certification and Signatures:

I certify that all information and documentation submitted is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a reduction or repayment of aid, fines, imprisonment, and/or disciplinary action up to and including dismissal from the University. If asked, I agree to provide additional proof of the information/documentation provided with this form. I authorize the University to verify any third-party documentation which I have submitted.

Signature of person you support, verifying the information provided above is true and correct. (if person is under the age of 18, legal guardian signature required)

Date

Parent Signature (for dependent students only)

Date

Student Signature

Date

Submit this form to: finaidforms@franklin.edu