FRANKLIN UNIVERSITY

2017-18 FAC SHM

Support of Household Members

Student Last Name

Student First Name | 0 Franklin Student ID | 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 an additional person(s).

- Name: _____
- Age: _____ Relationship to you: _____
- Length of time you expect to provide more than 50% support for this person between July 1, 2017 and June 30, 2018.
  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):

_____
_____
_____

- Name: _____
- Age: _____ Relationship to you: _____
- Length of time you expect to provide more than 50% support for this person between July 1, 2017 and June 30, 2018.
  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):

_____
_____
_____

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 Franklin University to verify any third-party documentation which I have submitted.

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

_____ _____
Parent Signature (for dependent students only) Date

_____ _____
Student Signature Date

Submit this form to: **Financial Aid**
Franklin University
201 S. Grant Ave
Columbus, OH 43215
Fax: 614.255.9478 Email: finaid@franklin.edu

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