

Student's name \_\_\_\_\_

Social Security no. \_\_\_\_\_

Dear Independent Student,

In reviewing your 2017-2018 federal financial aid file, further information is needed to clarify your circumstances. Please review the back of this letter and provide information about the members living in your household and for whom you provide more than 50 percent of their support.

Your household includes:

- You and your spouse if you have one and are not separated/divorced, **and**
- Your unmarried children under the age of 24 (born after 12/31/1993), if (a) you provide more than half of the children's financial support from July 1, 2017, through June 30, 2018, or (b) the children would be required to provide your information when applying for Federal Student Aid, **and**
- Other people over the age of 23 (born before 1/1/1994) who live in your household, and you provide more than half of their financial support and will continue to provide more than half of their support between July 1, 2017, through June 30, 2018.
- If persons over the age of 23 (born before 1/1/1994) live in your household and receive any type of outside support (not from you or your spouse), you must provide documentation (tax forms/SSI-1099 forms/W-2(s), signed statements and/or financial aid award letters).

**Do not include anyone, over the age of 23, who either:**

1. Claim themselves on their own tax form, **or**
2. Receive untaxed income (cash, unemployment compensation, worker's compensation, etc.), **or**
3. Receive Social Security benefits in their own name or on behalf of their dependent child(ren), **or**
4. Receive public aid or Temporary Assistance for Needy Families (TANF), **or**
5. Is/are foster child(ren).

If you have any questions, please feel free to contact the Financial Aid Office at (708) 456-0300, Ext. 3155.

# Household Verification Worksheet

Independent

2017-2018

Student's name \_\_\_\_\_ Social Security no. \_\_\_\_\_

Fill in the following information **about you and your spouse** if you have one.

Full Name	DOB*	SSN	Relationship	College
Example: John Doe	1/1/59	111-11-1111	Husband	None

Fill in the following information about your unmarried dependent child(ren) **under** the age of 24 (born after 12/31/1993) who live in your household. Do not include foster children or children you could not legally claim on your federal tax forms. Indicate the college or university if the dependent child is currently attending school in a degree/certificate program with at least six credit hours or more.

Full Name	DOB*	SSN	Relationship	College
Example: Tim Doe	1/1/96	222-22-2222	Son	Columbia

Fill in the following information about your other dependents, **over** the age of 23 (born before 1/1/1994), who live in your household **and** who **do not** either:

1. Claim themselves on their own tax form **or**
2. Receive untaxed income (cash, unemployment compensation, worker's compensation, etc.) **or** 3.  
Receive Social Security benefits in their own name or on behalf of their dependent child(ren) **or**
4. Receive public aid or Temporary Assistance for Needy Families (TANF).

**Full Name DOB\* SSN Relationship Status Income/Source\*\*** Example: Sam Doe 1/1/80 333-33-3333 Son Disabled \$2,412 SSI


**\*DOB (Date of Birth)**

**\*\*Attach copies of any federal tax forms, W-2(s), SSI-1099 forms, signed, written statements of income, copy of financial aid award letter for those listed in the box above.**

I declare, under penalty of perjury, that all information reported on this form is true, complete and accurate to the best of my knowledge.

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

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_