

**2019-2020**  
**Household Verification Worksheet**  
**Independent**

Student Name \_\_\_\_\_

Colleague ID# \_\_\_\_\_

Dear Independent Student:

In reviewing your 2019-2020 Free Application for Federal Student Aid (FAFSA), 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 for whom you provide more than 50 percent 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 12/31/1995), if
  - (a) you provide more than half of the children's financial support between July 1, 2019 and June 30, 2020 *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 1/1/1996) 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, 2019, and June 30, 2020.
- If persons over the age of 23 (born before 1/1/1996) 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:** Foster children, roommates, persons age 24 and older who have their own income source (earnings, social security, public aid/TANF, etc.). Persons listed in your household age 24 and older may be required to provide additional documentation to confirm you/your parent(s) (if dependent) are providing more than 50 percent support.

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

# 2019-2020 Household Verification Worksheet - Independent

Student Name \_\_\_\_\_ Colleague ID# \_\_\_\_\_

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

Full Name	DOB*	Relationship	College
Example: John Doe	1/1/59	Husband	None

Fill in the following information **about your unmarried dependent child(ren) under the age of 24** (born after 12/31/1995) 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*	Relationship	College
Example: Tim Doe	1/1/96	Son	Columbia

Fill in the following information **about your other dependents, over the age of 23** (born before 1/1/1996), who live in your household.

**Do not include:** Foster children, roommates, persons age 24 and older who have their own income source (earnings, social security, public aid/TANF, etc.). Persons listed in your household age 24 and older may be required to provide additional documentation to confirm you/your parent(s) (if dependent) are providing more than 50 percent support.

Full Name	DOB*	Relationship	Status	Income/Source**
Example: Sam Doe	1/1/80	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 signature \_\_\_\_\_ Date \_\_\_\_\_