

	<b>2023-2024 Household Size &amp; Number in College</b> <b>Independent Student</b>	<b>VHSI</b>  <b>24</b>
	OFFICE OF SCHOLARSHIPS AND FINANCIAL AID WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634 HTTPS://FINANCIALAIDPORTAL.APPS.CMICH.EDU	

**Why have you received this form?** The Federal Processor has selected your Free Application for Federal Student Aid (FAFSA) for a process called "Verification."

**When should this form be submitted?** Failure to complete and submit this form along with all required documentation to the Office of Scholarships and Financial Aid **within 21 business days** may result in the cancellation of your federal financial aid.

Student Information


Student Name (please print) Campus ID Number

Number of Household Members

- **List all household members** who meet the following criteria.
- Attach a separate sheet, if needed.
- Yourself; and
  - Your spouse, if you are married; and
  - You and/or your spouse’s children from this household; even if they do not currently live with you, **IF**:
    - You or your spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
  - Other people: List **only if they now live with you** and will continue to live with you through June 30, 2024 **AND** only if you and/or your spouse provide/will continue to provide **more than half of their support** through June 30, 2024. Do not include roommates.

Full Name of Household Member	Age Required	Relationship to Student  If "Other" is checked, relationship must be indicated.	Will household member attend college at least half-time (6 semester credits/term) in a degree/certificate program between 7/1/23 and 6/30/24? If yes, list name of college.
		Self	Central Michigan University
		Spouse (if married)	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____

Certification and Signature

 **SIGNATURE REQUIRED:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature Date